



AUDUBON PUBLIC SCHOOLS

School Health Services
www.audubonschools.org

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Emergency/Self-Administered Medication Consent Form

A student may be permitted to self-administer medication for asthma or other potentially life threatening illnesses such as bee sting allergies. See reverse side for Self-Administered Medication Policy.

Student's Name _____
 Student's Grade _____ Date of Birth _____
 School _____

Completed by the Physician:

Date of Order: _____
 Name of Medication: _____
 Dosage/Route: _____
 Time and Circumstance of Administration at School:

Can a Reaction be Expected? Yes No
 If yes, describe: _____

I certify the student has life threatening illness and that he/she is capable of and has been instructed in the proper administration of the required medication.
 Yes No

Physician's Signature _____ Phone _____

Physician's Stamp:

Completed by the Parent/Guardian:

I have received and read the Self-Administered Medication Policy. The physician has indicated that the student is capable and has been instructed in the proper method of self administering medication needed for a potentially life-threatening illness. I give parental consent for my child to self-administer this medication with the full understanding and acknowledgement that the Audubon School District shall incur no liability as a result of any injury resulting from the administration of medication. I further indemnify and hold harmless the Audubon School District and its employees against any claims arising from my child's self administration of medication. This consent is valid for the current school year only.

Parent/Guardian Signature _____ Date _____

Self-Administered Medication Policy

1. A student may be permitted to self-administer medication for asthma or other potentially life threatening illnesses such as bee sting allergies.
2. A written note from the student's physician is required. The physician must certify that the student has asthma or another life threatening illness and that he/she is capable of and has been instructed in the proper administration of the required medication.
3. A written authorization from the parent/guardian for the self-administration of medication is also required.
4. The district board of education must inform the parent/guardian in writing that the school district shall incur no liability as a result of any injury arising from the self-administration of medication.
5. The parent/guardian must sign a statement indemnifying and holding the school district harmless against any injury or claims that arise as a result of the student's self-administration.
6. Permission is effective for the school year for which it is granted and must be reviewed annually.
7. Permission may be revoked if the school nurse has reason to believe that the inhaler/epi-pen are being used inappropriately