

**FREEHOLD TOWNSHIP SCHOOLS**

**PARENT’S REQUEST FOR STUDENT WITH LIFE THREATENING CONDITION  
TO SELF ADMINISTER MEDICATION**

Permission for self administration of medication for a child with asthma, other potentially life threatening illness, or a life threatening allergic reaction may be granted in accordance with District Policy/Regulation 5330 Administration of Medication. Time being of the essence, all medications to be self administered by a pupil must be kept in the pupil’s possession. No student may possess medication for self administration unless the proper permission has been granted and a record of the medication is on file in the office of the school nurse. It will be the responsibility of the parent to insure that the medication is in the student’s possession, to check the expiration date of the medication and to maintain an adequate supply of medication. Pupils must secure their medication in such a manner that the medication will not be available to other pupils. Pupils self administering medication shall report each administration of medication and any side effects to the individual in charge of the pupil during school activities.

I, the parent/guardian of \_\_\_\_\_,  
request that my child be permitted to self administer \_\_\_\_\_  
as prescribed by his/her physician.

I assume full responsibility for providing the above named medication in a sealed container and clearly labeled with the medication name, dosage and ordering physician.

I acknowledge that I may be liable if any other child is injured by the inadvertent use of this medication.

I acknowledge that the district and its agents shall incur no liability as a result of any injury arising from the self administration of medication by my child and that I hold harmless the Freehold Township School District and its employees against any claims arising out of the self medication by my child.

I recognize that the potential for over-medication does exist and that the district can assume no responsibility for monitoring the use of the medication by my child.

I recognize that my child will be responsible for having the medication in his/her possession at all times during school and during school sponsored events.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN (please print)