



SAINT AUGUSTINE OF CANTERBURY SCHOOL

MEMBER OF NCEA & MIDDLE STATES ASSOCIATION

45 Henderson Road • Kendall Park, New Jersey 08824

(732) 297-6042 • Fax (732) 297-7062

www.staugustinenj.org

Date: _____

Self-Administration of Medication Form

School Name: St. Augustine of Canterbury School

School Address: 45 Henderson Road, Kendall Park, N.J. 08824

School Telephone Number: 732-297-6042

School Fax Number: 732-297-7062

Name of Principal: Sister Mary Louise Shulas

Name of Nurse: Donna Hermosilla, R.N.

PARENT/GUARDIAN CONSENT FOR SELF- ADMINISTRATION OF MEDICATION IN CERTAIN CIRCUMSTANCES; WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL AND RELATED PERSONNEL

Student Name: _____ (“Student”) has a life-threatening illness, or potential for life threatening allergic reaction that could result in anaphylaxis. This Student requires the administration of medication, including, if appropriate, an asthma inhaler or epinephrine by pre-filled, single-dose auto-injector in the event of anaphylaxis. We authorize our child to self-administer _____ (“Medication(s)"). As to all medications, we understand that a physician or advanced practice nurse must request administration of medication by specifying a specific drug, stating the condition for which it is needed, the dosage, times, circumstances for dispensing medication and any contradictions. In case of epinephrine, a physician or advanced practice nurse must state that it is for anaphylaxis. We have received a copy of school policy regarding administration of medicines at school and we and our child agree that we will at all times abide by the policy. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with the written orders of a physician or advanced practice nurse that our child requires the administration of the Medication(s), and is capable of, and has been instructed in, the proper self-administration of the Medication(s). In the event of self-administration of epinephrine, we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school’s responsibility) to attend to our child once the emergency squad leaves the school or school activity with the child.

STAFFED BY THE
RELIGIOUS SISTERS FILIPPINI





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AS PARENT/GUARDIAN, WE UNDERSTAND THAT IF THE PROCEDURES SPECIFIED ARE FOLLOWED, THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF MEDICATION BY STUDENT, AND WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST CLAIMS ARISING OUT OF THE SELF-ADMINISTRATION OF MEDICATION BY THE STUDENT.

In the case epinephrine, neither the capability of self-administration, the presence of antihistamine in the doctor's order, nor a co-morbidity of asthma precludes epinephrine administration and or delegation for a student for anaphylaxis. Epinephrine administration by a trained adult will be made available and accessible to a child who needs it by also completing the separate requirements for administration of epinephrine as an emergency medicine by nurse or designee.

Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian's Name:

(1) _____ (2) _____

Parent/Guardian's signature:

(1) _____ (2) _____

Date: _____

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