

WALL TOWNSHIP PUBLIC SCHOOLS  
SELF- ADMINISTRATION OF INHALER OR  
EPINEPHRINE VIA AUTO SELF- INJECTION

Student: \_\_\_\_\_ Class: \_\_\_\_\_

The student named above has a potentially life threatening condition which requires immediate use of an inhaler or epinephrine via auto self- injection. The student has been instructed in the proper use of the inhale or epinephrine via auto self- injection by me or a member of my staff and has successfully demonstrated the use of inhaler or epinephrine via auto self- injection. I feel this student is capable of self-administration of the medication.

DIAGNOSIS FOR WHICH MEDICATION IS GIVEN: \_\_\_\_\_

MEDICATION AND DOSAGE: \_\_\_\_\_

INDICATIONS FOR USE: \_\_\_\_\_

HOW SOON MAY IT BE REPEATED? \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

FOLLOW- UP CARE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S STAMP: \_\_\_\_\_  
(Form is invalid without a Physician's stamp)

WAIVER OF LIABILITY

We, parents of \_\_\_\_\_, in our personal capacities and as the parents and natural guardians of said child request the Wall Township School District permit our child to carry and use an inhaler or epinephrine via auto self- injection while on school property or while off school property at an approved school event. We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we hereby agree to indemnify and hold harmless the Board of Education of the Wall Township School District and its employees from and against any and all losses, claims, damages or expenses arising from or growing out of the acceptance by the Board of the request recited above.

We also agree to provide an additional inhaler or epinephrine via auto self- injection, identical to the one which the pupil is authorized to carry, which shall be retained by the school nurse in accordance with school policy.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PERMISSION TO SELF-ADMINISTER MUST BE RENEWED ANNUALLY.