



**Physician's Request for Self-administration of Medication in School**

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Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

Cell phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Office phone #: (\_\_\_\_\_) \_\_\_\_\_

I request that the aforementioned student be allowed to self-administer his/her medication(s) in the school. I hereby certify that he/she suffers from a potentially life threatening condition which requires immediate use of an inhaler or epi pen. I also certify that he/she has been trained in the use of the inhaler or epi pen and is capable of self-administration of the medication.

The aforementioned student must inform the school nurse of each instance of self-administration of medication, so that the school nurse can make necessary notations. In addition, the school nurse shall be provided with an identical copy of any inhaler or epi pen prescribed for the student.

Diagnosis/Purpose: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of Circumstances under which medication shall be administered: \_\_\_\_\_

Length of time medication indicated: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required)

**Self-administration of Medication in School**

**WAIVER OF LIABILITY**

As the parent(s)/guardian(s) of \_\_\_\_\_ ,  
Print Student Name

I herewith request that Cristo Rey Newark High School permit my child to carry and use an inhaler, or epi pen, and/or one pre-measured dose of an anti-histamine while on school property or at an approved school event off school property. I agree to comply with the rules and regulations of the school and hereby agree to Save and Hold Harmless Cristo Rey Newark High School, the Cristo Rey Network and the Archdiocese of Newark from and against any and all losses, claims, damages or expenses which may arise as a result of granting this request.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required)