

Monmouth County Vocational School District

**SELF-MEDICATION PERMISSION FORM FOR A STUDENT WITH A
LIFE-THREATENING ILLNESS/ALLERGIC REACTION**

In accordance with P.L. 2007, c.57, this form must be signed by the parents or guardians of any student who wishes to self-administer and is capable of and has been instructed in the proper method of medication for a life-threatening illness or is subject to a life-threatening illness allergic reaction.

We, _____ and _____ (print names of parents/guardians), are the parents or guardians of _____ (print name of student) a student in the Monmouth County Vocational School District. As required by law, this form provides to the Monmouth County Vocational School District Board of Education our written authorization for our child to self-administer medication for a life-threatening illness or is subject to a life-threatening illness allergic reaction. By signing this form, we release the Monmouth County Vocational School District Board, its employees and agents, from any liability as a result of any injury from the self-administration of medication by our child and we expressly agree to defend, protect, indemnify, and hold harmless the Monmouth County Vocational School District, and its employees or agents, from all losses, costs, suits or claims which may result from the self-administration of medication by our child.

Attached to this form is the written certification of our physician verifying the diagnosis of my child as potentially life-threatening and the provision of medication instructions. Permission for our child to self-administer medication is effective upon approval and notification by the Monmouth County Vocational School District Board of Education. Permission remains effective only for the present school year.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of School Physician	_____ Date
_____ Signature of School Nurse	_____ Date
_____ Signature of Principal	_____ Date