



HOLMDEL TOWNSHIP SCHOOL DISTRICT

"A COMMITMENT TO EXCELLENCE"

Indian Hill School
735 Holmdel Road
Holmdel, NJ 07733
tel: 732-946-1045
fax: 732-946-7610

Dear Parent/Guardian,

According to NJ Department of Education state code # C. 18A:40-12.6a to 18A:40-12.6d, "the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of the medication by the pupil. A pupil who is permitted to self-administer medication shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled, [single dose] auto-injector mechanism, at all times, provided that the pupil does not endanger himself or other persons through misuse."

The parent or guardian shall provide to the school written certification from the physician of the pupil that the pupil has a potentially life-threatening illness or is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of the medication prescribed.

I, the parent/guardian of _____, grant permission and agree to the

above statement from _____ grant permission for my son/daughter to self-administer medication prescribed by our primary doctor as medication for asthma or other potentially life-threatening illness, or a life-threatening allergic reaction. I agree that the student is capable of, and has been instructed in, the proper method of self-administration of medication.

Please sign on the below line and return to your child's school nurse along with the attached completed medication form.

Parent/guardian signature: _____

Date: _____