

**PERMISSION FOR SELF- ADMINISTRATION OF MEDICATIONS**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Legal Prescribers'/Physicians' Name (print) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**LEGAL PRESCRIBER SECTION:  
EPIPEN AND INHALER INSTRUCTIONS**

I have instructed the above student in the use of his/her epipen and/or inhaler and he /she may carry the medication on his/her person and self- administer medication as instructed by me and prescribed on the *Authorization for Medication Administration During School Hours* form.

Legal Prescribers'/Physicians' Name \_\_\_\_\_

Legal Prescribers'/Physicians' Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Medication prescriptions are effective for one school year only and renewal is required annually. All forms must be on file in the Health office *before* medication can be administered.**

**PARENT/GUARDIAN SECTION:  
REQUEST FOR SELF-ADMINISTRATION OF EPIPEN OR INHALER**

I request that my child be permitted to carry and self-administer his/her epipen or inhaler at school, as authorized by the legal prescriber/physician above. I accept full responsibility for making sure that my child carries the drug at all times.

**INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR SELF-ADMINISTRATION OF  
MEDICATION**

The parent(s) /guardian(s) agree(s) to indemnify, defend, and hold the school district harmless from any and all claims, action, costs expenses, damages and liabilities, including attorney's fees arising out of, connected with or resulting from the self-administration of medication by the pupil. The parent(s) / guardian(s) agree(s) to extend this indemnification/hold harmless agreement to Windsor Bergen Academy employees, and its agents. The parent(s) / guardian(s) agree(s) the school district, Windsor Bergen Academy employees, and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil. The agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and be in full effect prior to the granting of permission to self-administer medication.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_