



Stanhope Public School District

HEALTH OFFICE
24 Valley Road
Stanhope, NJ 07874

973-347-0008
www.stanhopeschools.org

Alicia Finklea-DiCataldo
Principal

Steven T. Hagemann
Superintendent

Gordon E. Gibbs
Business Administrator/Board Secretary

Self-Medication Release Form

Inhaler / Epi-Pen ONLY

The Stanhope School District requires that students in need of self medication for asthma, or other potentially life-threatening illness MUST provide the following documentation:

Physician's Authorization

_____ has been instructed, and is capable of self administering
(Name of Student)

_____. He/She is to use this medication for the following medical condition
(Name of Medication)

He/She has my permission to take this/these medication(s) him/herself during school hours, afters school activities, day field trips, and overnight field trips.

_____ (Date) _____ (Physician's Signature)

=====

To be completed by Parent/Guardian

_____ has my permission to take
(Name of Student)

_____ while at school.
(Name of Medication)

I agree that the Stanhope District shall incur no liability as a result of any injury arising from self-medication. I further state that the District will be **"held harmless"** against any injury or claims as a result of this student's self medication. I understand that permission is effective for **ONE SCHOOL YEAR** and MUST be **RENEWED ANNUALLY**.

_____ (Date) _____ (Parent Signature)

=====

Administration Approval

_____ (Date of Administration Approval) _____ (Administrator Signature)