



## BARNEGAT TOWNSHIP SCHOOL DISTRICT

550 BARNEGAT BOULEVARD NORTH  
BARNEGAT, NEW JERSEY 08005  
(609) 698-5800 FAX (609) 660-5974

**Dr. Brian Latwis**  
*Superintendent of Schools*

**Stephen J. Brennan, MBA, CPA**  
*Business Administrator/Board Secretary*

Dear Parent or Guardian:

Re: Self-Administration of Medication

Please be advised that pursuant to N.J.S.A. 18A:40-12.3 et seq. and Board of Education Policy, the Board permits self-administration of medication for asthma, other potentially life threatening illnesses, or a life-threatening allergic reaction, both during school hours and during school-sponsored functions. For the Board to permit self-administration of medication parents/guardians of pupils must meet conditions as follows:

1. Provide the Board with written authorization for the pupil's self-administration of medication;
2. Provide the Board with written certification from the pupil's physician that the pupil has asthma, another 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 medication;
3. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

You are hereby also informed as follow:

1. Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;
2. The district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication;
3. The Board maintains the right to revoke a pupil's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The Chief School Administrator shall confer with the school nurse and school physician prior to recommending termination of a pupil's permission to self-medicate and shall also consult with the pupil's parents/guardians and the pupil's physician.

Enclosed you will find a form which must be signed and returned to your school principal. If you have any questions regarding this procedure, please call your school principal.

Sincerely,

Brian Latwis, Ed.D.  
Superintendent of Schools

**Barnegat High School Students – use Form to Self – Carry**

**Russell O. Brackman Middle Students-Please Check with School Nurse for Eligibility**

**Physician Certification for Self-Administration of Medication**

I hereby certify that my patient,

\_\_\_\_\_  
PRINT Student's Name

Has asthma, another potentially life-threatening illness, or is subject to a life-threatening allergic reaction. Medication must be readily available and taken immediately. He/she is capable of, and has been instructed in, the proper method of self-administration of medication.

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

Dose/Route: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Physician's Stamp: \_\_\_\_\_

**Self-Medication Permission Form**

We authorize our child, \_\_\_\_\_

(PRINT Student's Name)

to carry and self-administer his/her own medication in school and during school sponsored functions for asthma, another potentially life-threatening illness, or life-threatening allergic reaction. By signing below, we acknowledge being informed in writing and we understand that the Barnegat Township Board of Education and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by our child, and we indemnify and hold harmless the district and its employees against any claims arising out of self-administration of medication by our child. We understand this permission is effective for this school year only, and must be renewed each subsequent school year. We also understand that we are responsible for the medication carried and self-administered by our child. Permission for our child to self-administer medication is effective upon approval and notification by the Barnegat Township Board of Education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date