



**LACEY TOWNSHIP SCHOOL DISTRICT
OFFICE OF SPECIAL SERVICES**

A Tradition Of Pride · A Tradition Of Excellence

JOSEPH R. BOND
DIRECTOR OF SPECIAL SERVICES

SELF-MEDICATION PERMISSION FORM

In accordance with Chapter 308, P.L. 1993, this form must be signed by the parent or legal guardians of any student who wishes to self-administer medication.

We are (I am) the parent or legal guardian of _____, a student in the Lacey Township School District. As required by law this form provides to the Lacey Township Board of Education our (my) written authorization for our (my) child to self-administer medication. We (I) further acknowledge that by copy of this form, that the Lacey Township Board of Education has informed us (me) that the District, its employees or agents, shall incur no liability as a result of any injury from self-administration by our (my) child. Further, by signing this form, we (I) release the Lacey Township Board of Education, its employees or agents from liability as a result of any injury from self-administration of medication by our (my) child and we (I) expressly agree to defend, protect, indemnify, and hold harmless the Lacey Township School District and its employees or agents, from all losses, costs, suits or claims which may result from self-administration of medication by our (my) child.

Included in this form is the written certification of our physician verifying the diagnosis of our (my) child as potentially life-threatening and the provision of medication instructions. Permission for our (my) child to self-administer medication is effective upon approval and notification by the Lacey Township Board of Education. **Permission remains effective only for the current school year.**

Signature of Parent

Signature of Parent

Date

Telephone