



1650 Palisade Avenue, Teaneck, New Jersey 07666 * Tel 201-833-4307 * Fax 201-833-0816

INHALER AND MEDICATION SELF-ADMINISTRATION FORM

To be completed if student will self-administer **MEDICATION, EPI-PEN OR INHALER** in school.

Student Name: _____ **Graduation Year** _____

PARENTAL/GUARDIAN CONSENT for Student to Carry and Self-Administer Medication, Epi-Pen and/or an Inhaler:

I give permission for my child to carry the following inhaler, epi-pen and/or medication to school:

My daughter is aware of the dosage and has been instructed on the use of the inhaler by the prescribing physician. Furthermore, my child is aware of situations that may require further medical attention. I understand that Ma'ayanot and its administration, faculty and staff shall not incur any liability arising from my decision to permit my child to self-medicate.

PARENT SIGNATURE

DATE

PHYSICIAN CONSENT for Student to Carry and Self-Administer Medication, Epi-Pen and/or an Inhaler:

I have instructed both parent and child in the administration of the following inhaler(s)/ medication(s)

Medication

Dosage

Medication

Dosage

I judge this child able to carry the inhaler(s)/medication(s) to school and self-medicate in school throughout the day, as needed. I understand that Ma'ayanot and its administration, faculty and staff shall not incur any liability arising from my decision to permit this child to self-medicate.

PHYSICIAN SIGNATURE

DATE