



# Stanhope Public School District

HEALTH OFFICE  
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Stanhope, NJ 07874

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**Alicia Finklea-DiCataldo**  
Principal

**Steven T. Hagemann**  
Superintendent

**Debi LeBrun**  
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, afterschool activities, day field trips, and overnight field trips.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Physician's Signature)

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### 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)

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### Administration Approval

\_\_\_\_\_  
(Date of Administration Approval)

\_\_\_\_\_  
(Administrator Signature)

