

HANOVER TOWNSHIP PUBLIC SCHOOLS
Self - Administration of Medication - Parent Release Form

TO: Parents/Guardians of Pupils
FROM: Hanover Township Board of Education
SUBJECT: SELF-ADMINISTRATION OF MEDICATION

The Hanover Township Board of Education hereby informs parents/guardians of pupils who are permitted to self-administer their medication for asthma or another potentially life-threatening illness that the Hanover Township School District and its employees or agents shall incur no liability as a result of any injury arising from the said self-administration of medication by the pupil.

I, the undersigned, hereby acknowledge that I have read and understood the above statement.

I also acknowledge that the Hanover Township School District shall incur no liability as a result of any injury arising from the administration of the medication

_____, by my child, _____
(name of medication) (full name of child)

I shall also hold harmless the Hanover Township School District and its employees or agents from any and all claims arising out of the self-administration of medication by my child.

Parent's/Guardian's Signature _____

Date _____