HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
84 ROUTE 31
FLEMINGTON, NEW JERSEY 08822

PHYSICIAN'S ORDERS FOR EPIPEN AND/OR INHALER

_____School Year

_____ _____ _____
Student's Name DOB Grade

DIAGNOSIS AND/OR ALLERGY:

MEDICATION:

DOSAGE:

FREQUENCY:

SIDE EFFECTS:

Medication should be:
( ) stored in the health office and administered by the school nurse.
( ) in the possession of the student for self administration.

I certify this student has a life threatening illness and the student is capable of and has been instructed in the proper administration of the required medication.

_____ _____
Date Physician's Signature

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PARENTS PLEASE CAREFULLY READ AND THEN SIGN:

Students requiring either of the above medications must have this form submitted to the grade level health office at the beginning of each school year. Failure to do so may prevent the student from participating in any school activity that requires them to be off campus.

As the parent of_____I hold Hunterdon Central Regional High School district harmless against any injury or claims that arise as a result of the student's self-administration of the prescribed above medication. I give permission to share this information with appropriate Hunterdon Central staff.

_____ _____
Date Parent(s)/Guardian(s) Signature

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_____ _____
Date School Medical Inspector

STUDENTS WHO SELF ADMINISTER MEDICATION MUST REPORT EACH INCIDENT TO THE SCHOOL NURSE WITHIN 24 HOURS OF SELF MEDICATION.