

Physician Certification for Self-Medication Pursuant  
to N.J.S.A. 18A:40-12.3



Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Name and Address of Parent(s)/Guardian(s):  
\_\_\_\_\_  
\_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication/Dosage: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I certify that \_\_\_\_\_ has asthma or other potentially life-  
(Child)

threatening illnesses, is subject to a life-threatening allergic reaction, or has adrenal insufficiency. I have discussed the administration of this medication with the above-named student and I certify that he/she is capable of and has been instructed in the proper method of self-administration of the medication in an emergency situation as directed above.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print)

**Parent Acknowledgment and Authorization Pursuant to N.J.S.A. 18A:40-12.3**

I hereby authorize the above-named child to self-administer medication in potentially life-threatening situations as evidenced by my submission of the above Physician Certification. By also signing the Acknowledgment, I agree to indemnify, defend, and hold Liquid Church harmless from any and all claims, actions, costs, expenses, damages, and liabilities, including attorney's fees, arising out of, connected with, or resulting from any injury arising from the self-administration or medication by the child. This agreement shall take effect on the date listed below and shall stay in effect for as long as the child is provided permission to self-administer medication.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Name (please print)

\_\_\_\_\_  
Student's Name (please print)