

Chancellor Academy

157 West Parkway • P.O. Box 338 • Pompton Plains • New Jersey 07444
Telephone: (973) 835-4989 • Fax: (973) 835-0768 • jfowler@chancelloracademy.net
Kevin McNaught / Executive Director • Tyler Marion / Principal

Self-Administration Medication Permission Form For Asthma and Epi-pen

I hereby authorize my son/daughter, _____, to self-administer _____
Medication
in accordance with school guidelines.

I acknowledge that the school shall incur no liability as a result of any injury arising from the self-
administration of medication by _____.
Student Name

I shall indemnify and hold harmless the school, its employees and agents against any and all claims arising out
of the self-administration of _____, by _____.
Medication Student

Business Office

7 Industrial Road • Unit 203-A • Pequannock, New Jersey 07440

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Accredited by the Middle States Association of College and Schools