

# *Chancellor Academy*

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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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