

WATCHUNG HILLS REGIONAL HIGH SCHOOL

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2014 New Jersey Revised Statutes
Title 18A - EDUCATION
Section 18A:40-12.3 - Self-administration of medication by pupil permitted.

Universal Citation: NJ Rev Stat § 18A:40-12.3 (2014)

18A:40-12.3 Self-administration of medication by pupil permitted.

- 1. a. A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses, a life-threatening allergic reaction, or adrenal insufficiency provided that:
- (1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;
- (2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness or is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication;
- (3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;
- (4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and
- (5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.
- b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency at all times, at all times, provided that the pupil does not endanger himself or other persons through misuse.

c. Any person who acts in good faith in accordance liability arising from actions performed pursuant to	e with the requirements of this act shall be immune from any civil or criminal o this act.
Per the above information, I grant my Child	,
Permission to self-carry and self- administer their psponsored events.	prescribed medication during school hours and during athletic or school
Č	ity as a result of any injury arising from the self-administration of medication rmless the district and its employees or agents against any claims arising out of
Parent/Guardian Signature:	Date

Asthma Treatment Plan – Student

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)







(Please Pi	rint)							
Name			Date of Birth			Effective Date		
Doctor			Parent/Guardian (if applicable)		Emerg	Emergency Contact		
Phone			Phone Phone					
HEALTHY	(Green Zone)		ce daily control me re effective with a				Triggers Check all items that trigger	
	You have <u>all</u> of these:	MEDI	CINE	HOW MUCH to take an	nd HOW	OFTEN to take it	patient's asthma:	
الوم ليك	 Breathing is good 	☐ Adv	air® HFA 🗌 45, 🔲 115, 🗀 23	302 puffs tv	vice a da	у	□ Colds/flu	
NO PO	No cough or wheeze	☐ Aero	ospan™ sco®		2 puffs tv	vice a day	□ Exercise	
D Was	• Sleep through		SCO® □ 80, □ 160 ora® □ 100 □ 200		2 puπs tv vice a da	vice a day	□ Allergens	
COS	the night	☐ Flov	Dulera® □ 100, □ 2002 puffs twice a day Flovent® □ 44, □ 110, □ 2202 puffs twice a day					
LATE OF	Can work, exercise,	☐ Qva	r®		puffs tw	ice a day	dust, stuffed animals, carpet	
DW	and play	☐ Sym	bicort® 🗌 80, 🔲 160		puffs tw	vice a day	o Pollen - trees,	
			air Diskus® 🔲 100, 🔲 250, ∟	」5001 inhalati	inhalatio	a day	grass, weeds	
		☐ Flov	anex® Twisthaler® ☐ 110, ☐ ent® Diskus® ☐ 50 ☐ 100 ☐	220 1,	ion twice	a dav	O Mold	
		☐ Pulr	nicort Flexhaler® 🗌 90, 🗌 18	30	? inhalatio	ons 🗌 once or 🔲 twice a day	O Pets - animal dander	
		☐ Puln	nicort Respules® (Budesonide) 🔲 0	.25, 0.5, 1.0_1 unit nel	bulized 🗆	once or 🗌 twice a day	o Pests - rodents,	
			gulair® (Montelukast) 🗌 4, 🔲 5,	☐ 10 mg1 tablet d	laily		cockroaches	
And/or Dool	· flour above	☐ Oth					☐ Odors (Irritants) ☐ Cigarette smoke	
And/or Peak flow above \[\begin{array}{ c c c c c c c c c c c c c c c c c c c								
CAUTION	(Yellow Zone)		Continue daily control medicine(s) and ADD quick-relief medicine(s).					
	You have <u>any</u> of these	MEDI	MEDICINE HOW MUCH to take and HOW OFTEN to take it					
Joe John	Cough Mild wheeze	□ Albı	iterol MDI (Pro-air® or Prove	ntil® or Ventolin®) 2 puffs	s every 4	hours as needed	Smoke from burning wood,	
e	Mild wheezeTight chest		enex®				inside or outside	
Cop M	Coughing at night	☐ Albu	☐ Albuterol ☐ 1.25, ☐ 2.5 mg1 unit nebulized every 4 hours as needed					
	Other:	☐ Duc	☐ Duoneb®1 unit nebulized every 4 hours as needed					
THE PERSON NAMED IN COLUMN TO THE PE	· Other	☐ Xop	☐ Xopenex® (Levalbuterol) ☐ 0.31, ☐ 0.63, ☐ 1.25 mg _1 unit nebulized every 4 hours as needed					
If quick relief re	andicina does not help within	☐ Con	nbivent Respimat®	1 inhal	lation 4 ti	mes a day	 Extreme weathe hot and cold 	
			ease the dose of, or add:	Ozone alert days				
				☐ Foods:				
doctor or go to the emergency room. • If quick-relief medicine is ne							0	
							0	
FILEDOF	NOV (P. L. P. LUIII						O	
EMERGE	NCY (Red Zone) III	, -	ake these me				Other:	
Your asthma is			sthma can be a life	e-threatening illn	iess.	Do not wait!	0	
3	getting worse fast: • Quick-relief medicine did	ME	DICINE	HOW MUCH to	take and	HOW OFTEN to take it	0	
(HO)	not help within 15-20 mi		Albuterol MDI (Pro-air® or Pr	oventil [®] or Ventolin [®])	4 puffs e	every 20 minutes		
	· Breathing is hard or fast		Xopenex® Albuterol □ 1.25, □ 2.5 mg			every 20 minutes	This asthma treatment	
THE	Nose opens wide • Ribs :	show	Albuterol \square 1.25, \square 2.5 mg			bulized every 20 minutes	plan is meant to assist	
	 Trouble walking and talk Lips blue • Fingernails b 	ing	Duoneb® Xopenex® (Levalbuterol) □ 0.31	1 □ 0.63 □ 1.25 mg	I Unit ne	bulized every 20 minutes	not replace, the clinical decision-making	
And/or Peak flow	Other:		Combivent Respimat®	1, □ 0.00, □ 1.20 mg	1 inhalati	ion 4 times a day	required to meet	
below	other		Other		_ · · · · · · · · · · · · · · · · · · ·		individual patient need	
Disclaimers: Try sent this Webb-PACN	NJ Astirra "neament Pilor and its content is at your own rick. The content is			T				
limited to the long fer; warmanies or mentions shally.	Association of the Mid-Alanic (ALAM-A), the Pr. introAntil Astronous utilities on implicit, statistry or otherwise, including but not integrated in the dispersance of high controllers or common and interference of the controllers of the cont	nission to S	Self-administer Medication:	PHYSICIAN/APN/PA SIGNAT	URE		DATE	
A NAV mich in the serve that is now we find in the Kenton, if while, unafter our, comes, it defined in the following the find that the find of the fin			capable and has been instructed			Physician's Orders		
es. Bing from the size or inability to one the content any "ther light henry, and whether "I not ALAM-A not lightle for any claim, who have ear our live and	nt or his Actima Trustment Hen whether based on memory, contract, but or A is advised of the providedly of sur-manges, ALAV-A or it is affiliates ar- or upon or misses of the Actima, frequent Plan, not of this authority		nethod of self-administering of the	PARENT/GUARDIAN SIGNAT	TIRE			
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Asthma Treatment Plan – Student

Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:
 - · Child's name
- · Child's doctor's name & phone number

· Parent/Guardian's name

- · Child's date of birth
- An Emergency Contact person's name & phone number

& phone number



- The effective date of this plan
- The medicine information for the Healthy, Caution and Emergency sections
- Your Health Care Provider will check the box next to the medication and check how much and how often to take it
- Your Health Care Provider may check "OTHER" and:
 - Write in asthma medications not listed on the form
 - ❖ Write in additional medications that will control your asthma
 - * Write in generic medications in place of the name brand on the form
- Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:
 - · Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
 - . Child's asthma triggers on the right side of the form
 - <u>Permission to Self-administer Medication</u> section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians: After completing the form with your Health Care Provider:
 - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
 - · Keep a copy easily available at home to help manage your child's asthma
 - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

PARENT AUTHORIZATION I hereby give permission for my child to receive medication at school as prescribed in the Asthma Treatment Plan. Medication must be provided in its original prescription container properly labeled by a pharmacist or physician. I also give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.						
Parent/Guardian Signature	Phone	Date				
FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CARE PROVIDER CHECKED PERMISSION FOR YOUR CHILD TO SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT OF THIS FORM. RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY						
I do request that my child be ALLOWED to carry the following medication for self-administration in school pursuant to N.J.A.C.:.6A:16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.						
☐ I DO NOT request that my child self-administer his/her asthma medication.						
Parent/Guardian Signature	Phone	Date				



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