

**PARENTAL AUTHORIZATION
SELF-ADMINISTRATION OF ASTHMA MEDICATION**

STUDENT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____

SCHOOL: _____

DATE: _____

The following guidelines shall apply to the self-administration of a student's asthma medication:

- Physician/Prescriber signed and dated medication authorization form and/or prescription label (dated within one year) must be submitted to the school's office. This must include the name/purpose of the medication, the prescribed dosage, time/circumstances for administration, and any other special related information.
- Parent/Guardian signed and dated authorization to administer the medication.
- The medication label must contain the student's name, name of medication, directions for use and date.
- The authorization must be renewed each school year and immediate notification, in writing, of any changes must be provided to the school.
- The School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

PARENTAL AUTHORIZATION:

I hereby acknowledge that I am the parent and/or legal guardian of the above referenced student and that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I hereby authorize School District 126 to allow my child to self-administer his/her lawfully prescribed asthma medication during the following: (1) while in school; (2) while at school-sponsored activities; (3) while under the supervision of school personnel; and (4) before or after normal school activities.

I further acknowledge and agree that School District 126 and its employees and agents are to incur no liability, except for willful and wanton conduct by any of the said parties, as a result of any injury arising from my child's self-administration of asthma medication. I acknowledge and agree that, in the absence of willful and wanton conduct on the part of the School District and its employees and agents, I waive any claims that I might have against said parties arising out of my child's self-administration of said medication. In addition, I agree to indemnify and hold harmless the School District and its employees and agents, either jointly or severally, except claims based on willful and wanton conduct on behalf of said parties, from and against any and all claims, damages, causes of action or injuries incurred or resulting from my child's self-administration of said medication.

Signature: _____

Date:

(Parent/Guardian)

Home Phone: _____
phone: _____

Other

