



### Parent Request for Self-Administration of Emergency Medication

I, \_\_\_\_\_, the parent or legal guardian of  
Print Parent Name

\_\_\_\_\_, a student at Oak Grove School District #68,  
Print Student Name

hereby authorize my child to self-administer emergency medication(i.e. inhaler, Epi-pen) while at school and have provided a physician's statement in compliance with State stature. Additionally, I understand that according to State stature, the Oak Grove 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 the emergency medication by my child. I further understand and agree that as the parent or legal guardian of my child, I must indemnify and hold harmless Oak Grove School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of emergency medication by my child. I further understand that this permission for self-administration of emergency medication is effective for this school year only and must be renewed each subsequent school year if desired. I understand that a copy of this permission will be kept in my child's medical file.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date