

PARENTAL AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION OF INHALED ASTHMA MEDICATION

The undersigned, _____, (“Parent”) is the parent or legal guardian of

_____, (“Student”) who attends
_____ School.

By Parent’s signature below, Parent understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer inhaled asthma medication pursuant to the guidelines set forth in District Policy 720.1.
2. Parent has read, understands and agrees to the provisions and regulations of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer inhaled asthma medication at school.
3. Parent has provided to the District a written statement from Student’s physician indicating that Student has asthma and is capable of, and has been instructed in the proper method of, self-administration of inhaled asthma medication.
4. Parent acknowledges the following statement”

“The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.”
5. Parent has read, understands and agrees to the provisions and regulations of District Policy 720, *Dispensing Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer inhaled asthma medication at school.
6. Parent has been given a copy of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*; a copy of District Policy 720, *Dispensing Medication* and any accompanying signed forms; and a copy of this signed Parental Authorization form.

(Signature)

(Date)