

Authorization of Self-Administration of Asthma Medication

I, _____ or we, _____ and _____, parents or guardians of _____ (hereinafter "Student"), a student at _____ School (hereinafter School) hereby request and authorize the school to permit the student to self-administer asthma medication prescribed by the student's physician, physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to the school. We (I) understand that this authorization will not be effective and the school cannot act upon it until the school has received the above-described written statement from the student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that the school, the Parish of which it is a part, their agents and employees, the Diocese of Peoria in Illinois and the Bishop of Peoria in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by the student.

We (I) hold harmless and indemnify the School, the Parish of which it is a part, their agents and employees, the Diocese of Peoria in Illinois, and the Bishop of Peoria in Illinois against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

This authorization is effective only for the School Year 2010-2011

Date: _____

Parents or Guardians