



## Barre City Elementary & Middle School

Hayden Coon, PK-4 Principal  
Chris Hennessey, 5-8 Principal  
Office (802) 476-6541  
Fax (802) 476-1492

50 Parkside Terrace  
Barre, VT 05641

Pierre Laflamme, PK-8 Assistant Principal  
Counselors (802) 476-7889  
Nurse (802) 479-6920  
Health Office Fax (802) 477-1650

### Parental Authorization Form for Treatment of Life-Threatening Allergy or Asthma

As the parent or guardian of \_\_\_\_\_, DOB \_\_\_\_\_, I hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

As documented by the attached physician's statement, my child has \_\_\_\_\_ (Name of allergy) allergy or asthma, and is capable of, and has been instructed by the physician in, properly self-administering the emergency medication named by the physician.

As further documented by the attached physician's statement, my child has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

The attached plan of action, developed specifically for the \_\_\_\_\_ school year in consultation with the school nurse, is based on the documentation provided by the physician's statement and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken. The plan of action also indicates that the medication is solely for the use of my child, and includes the names of individuals who will be given copies of the plan. I understand that one of the requirements of the plan is that my child will notify a school employee or agent after self-administering emergency medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administering of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

(Date)

(City or Town, State)

(Parent/Guardian)

Witnessed by \_\_\_\_\_ . Dated \_\_\_\_\_

***"Doing Whatever It Takes to Ensure Success for Every Child"***