

**PARENTAL AUTHORIZATION FORM
FOR POSSESSION AND SELF-ADMINISTRATION
OF EMERGENCY MEDICATION**

As the parent/guardian of _____, 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.

My child has _____ (life threatening allergy or asthma) and is capable of, and has been instructed by their physician in properly self-administering the emergency medication. My child has also been advised by their physician of possible side effects and has been informed when and how to access emergency services.

The attached plan of action, developed specifically for the _____ school year is based on the documentation provided by the physician and includes the name of each emergency medication, the dosage, 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. I understand that one of the requirements of the plan is that my child will notify a school employee 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-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence.

I have read and agree with the above parental authorization form.

Parent or Guardian Signature and Date

School Nurse Signature and Date

