

SELF-ADMINISTRATION OF ASTHMA MEDICATION

(PARENT OR GUARDIAN)

Pursuant to the *School Code*, Marquardt School District No. 15 will permit the self-administration of medication by a student with asthma if the following are provided by the student’s parents or guardians:

1. Written authorization, signed by the parent or guardian; and
2. The box with the prescription label containing the following information:
 - A. The name and purpose of the medication;
 - B. The prescribed dosage; and
 - C. The time or times at which or the special circumstances under which the medication is to be administered.

By signing this document, you authorize the School District to permit your child to self-administer his or her asthma medication. The School District and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student’s self-administration of the medication.

Student’s Name _____
 Student’s Address _____
 School Attended _____

The undersigned, being the parent or guardian of the student named above, authorizes the School District to permit the student to self-administer his or her asthma medication.

I acknowledge that the School District and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student’s self-administration of the medication. I agree to indemnify and hold harmless the School District and its employees and agents against any and all claims, except claims based on willful and wanton conduct, arising out of the self-administration of medication by the student.

Signature of Parent/Guardian	Date
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Name of Parent/Guardian (Please Print)

Street Address

City/State	Zip Code
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Daytime Phone Number