

**PERMISSION FORM
FOR STUDENT TO SELF-ADMINISTER MEDICATION BY
METERED-DOSE INHALER OR AUTO-INJECTABLE EPINEPHRINE**

I hereby certify as follows:

I, _____ the parent/guardian of
_____, a student in the Park Hill School District,
(Student Name)
am legally authorized to make educational and health care decisions for the student.

I hereby give my permission for the student to retain in his/her possession medicine prescribed by a physician for treatment of (choose one):

- Asthma
- Anaphylaxis
- Diabetes

I give my permission for the student to self-administer the following medication prescribed by the physician (choose one):

- Metered-dose inhaler
- Auto-injectable epinephrine
- Insulin
- Other, please list other medication(s) _____

This permission shall be effective during the school day, on school property, including, but not limited to a school bus, and at all school activities, whether on or off school property or occurring before, during, or after the regular school day.

I have provided the District with a written medical history of the Student's experience with asthma or other potentially threatening respiratory illness ("Condition") and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the Condition.

I have provided the District with a written treatment plan from (and signed by) the student's physician or medical professional with prescriptive authority, stating that the student (a) has the aforementioned Condition; (b) is capable of, and has been instructed in, the proper method of self-administration of medication; (c) informed of the dangers of permitting other persons to use the medicine prescribed for the student; and (d) has demonstrated to the physician his/her ability to use the medicine and any device necessary to administer such medicine.

I understand that the District and its employees or agent may disclose information provided in accordance with the foregoing paragraphs to administrators, student health staff, teachers, and other school employees as may be necessary to protect the health of the student and to establish that the student has been authorized to self-administer medication, and shall incur no liability for the disclosure of such information.

I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the Student, and that I shall be required to indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the Student.

I understand that this Permission Form is effective for the current school building in which my child is enrolled, and the school year for which it is granted, and that a new Permission Form and supporting documentation as described above must be submitted for each school year or when the student transfers to a different Park Hill building, whichever comes first.

Signature of Parent/Guardian

Date