STUDENTS Form 2870

Student Services

Permission to Self-Administer Medication

PERMISSION FORM FOR STUDENT TO SELF-ADMINISTER MEDICATION BY METERED DOSE INHALER

I hereby certify as follows:	
I,Parent/Guardian	, the parent/guardian of
Student	, a student in the
School District	, 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 a metered dose inhaler, and to self-administer medication from such inhaler. 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 during the regular school day.

I have provided the District with a written medical history of the Student's experience with asthma or other potentially life-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 written certification from the Student's physician, stating that the Student (a) has the aforementioned Condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the Student.

I understand that the District and its employees or agents may disclose information provided in accordance the foregoing paragraphs to administrators, schools nurses, 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 by means of a meter-dose inhaler, 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.

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Signature of nurse, secretary or administrator

I understand that this permission form is effective that a new Permission Form and supporting docum for each school year.	•
Signature of Parent/Guardian Date	
STATE OF MISSOURI))SS	
COUNTY OF)	
On thisday of 20, before me appeared personally known, who, being by me duly sworr instrument and acknowledge said instrument to be WHEREOF, I have hereunto set my hand and af aforesaid, the day and year first above written.	, did say that he/she executed the foregoing e his/her free act and deed. IN TESTIMONY
Notary Public	_
My commission expires:OR	-