

**PARENTAL AUTHORIZATION  
TO ADMINISTER MEDICINE**

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts of omissions of school employees in administering the medicine I have hereby authorized.

I am the parent with legal custody or the legal guardian of \_\_\_\_\_.  
Student's Name

My child will need to be administered the following prescription medicine during the school day:

Name of Prescription:	Amount:	Time of Day:
_____	_____	_____
_____	_____	_____

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I, \_\_\_\_\_, hereby authorize, request and grant permission  
Parent or Guardian Printed Name  
for NAVAJO PUBLIC SCHOOL to permit the self-administration of prescribed inhaled asthma medication(s) by my son, daughter or ward. \_\_\_\_\_  
Student's Name

According to the policy adopted by Navajo's Board of Education: I further waive any claims against Navajo, members of the Navajo Board of Education, their agents and employees, either jointly or severally, from and against any and all claims, liability, demands, damages, causes of action, costs and expenses of any kind whatsoever, including attorney's fees, resulting, relating to or arising out of the self-administration of inhaled asthma medication as authorized herein.

I further agree to provide to Navajo an emergency supply of student's inhaled asthma medication to be administered by the school employee. **THIS AUTHORIZATION APPLIES TO ASTHMA MEDICATION ONLY!** I consent to my child's possession and unsupervised self-administration of prescribed inhaled asthma medication.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Address and Phone Number