## Authorization for Asthma or Anaphylaxis Self-Administered Medication

## Physician/Licensed Health Care Provider Statement

| The student,                            | , has:  |        |
|---|---|--------|
| Asthma                                  |   |        |
| Anaphylaxis                             |   |        |
| Both Asthma and                         | d Anaphylaxis   |        |
| and is capable of self-administerir     | ng the following prescription medication:   |        |
| Name and Purpose of Medication:         |   |        |
| Prescribed Dosage of Medication:        |   |        |
| Times/Circumstances to Administer:      |   |        |
| Period of Prescription:                 |   |        |
|   |   |        |
|   | Health Care Provider Date   |        |
|   | Parental Authorization  |        |
| 1. I,                                   | am the perent or growdien of  |        |
| , F                                     |   |        |
| on school property or at a school-      |   |        |
| 2. I hereby release the District and it | s employees and agents from liability for injury arising from the stud  | dent's |
|   | tion while on school property or at a school-related event unless in c  |        |
|   |   |        |
|   | entified herein uses the medication in a manner other than bject to disciplinary action by the school. However, any |        |
|   | or restrict the student's immediate access to the medication.   |        |
| 1 I authorize the school nurse to inf   | orm appropriate school employees who would have a need to know  | of.    |
| the administration of medication (      | (i.e., instructors, teacher aides, school administrators, activity superv   |        |
| bus drivers) that the student may       | self-administer medication.   |        |
| 9 1                                     | o have the prescription medication in their possession while on scho  | ool    |
| property or at a school-related act     | ivity or event.   |        |
|   |   |        |
|   |   |        |
|   | <del></del>   |        |
| Signature of Parent/Guardian            | Date  |        |
| Telephone #                             |   |        |