PERMISSION FOR STUDENT SELF-ADMINISTRATION OF ASTHMA MEDICATION

Pursuant to the laws of the Commonwealth of Kentucky, _____ School permits a student to possess and self-administer asthma medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physician, and waiver of liability by the parent/guardian.

To completed by parent/guardian:

Student name _____ Grade _____

I/we authorize _____ School to allow the above-named student to self-administer asthma medication at school and school-related functions, according to the directions of the student's physician.

I/we release the school and its employees and agents from any and all liability as a result of any injury sustained by the student from the self-administration of asthma medication. I/we agree to indemnify and hold harmless the school and its employees and agents against any claims relating to the self-administration of asthma medication by the student.

Father/Guardian_____ Date_____

Mother/Guardian_____ Date_____

To be completed by the student's physician:

I have prescribed asthma medications for the above-named student and the student has been instructed in self-medication of that asthma medication.

Name of the medications _____

Prescribed dosage_____

The time(s) the medications are regularly administered _____

_____

Special circumstances under which the medications are to be administered

_____

Length of time for which the medications are prescribed _____

Physician's signature_____ Date_____

APPROVED FOR THE 2016-2017 SCHOOL YEAR

Principal_____ Date_____