

Policy Title: **Parental Authorization and Release Form for the Self-Administration of Asthma Inhalers and Airway Medications** Policy #506.5E2

I authorize my child, _____, to self-administer his/her own asthma inhaler or airway medication at school. I understand that the Monticello Community School District and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from my child's self-administration of medication. The district, and its employees, acting reasonably and in good faith, shall incur no liability for any improper use of medication, or for supervising, monitoring, or interfering with a student's self-administration of medication.

Parent or Guardian Signature Date

The Following to Be Completed by the Student's Physician:

I have prescribed the following medication (asthma inhaler/airway medication)
_____ for this student _____
Name of Medication Students Name

In this dosage:_____.

Dosage and Instructions (Frequency of Use)

For the purpose of:_____.

Doctor's Signature Date