

**PERMISSION FOR STUDENT SELF-ADMINISTRATION OF
ASTHMA MEDICATION**

Pursuant to the laws of the Commonwealth of Kentucky, Immaculate Heart of Mary 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 be completed by parent/guardian:

Student name: _____ Grade _____

I/we authorize Immaculate Heart of Mary School to allow the above-mentioned 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 to 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 medication for the above-named student and the student has been instructed in self-administration of that asthma medication.

Name of the medication _____

Prescribed dosage _____

The time(s) the medication 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 _____ SCHOOL YEAR

Principal _____ Date _____