

**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 to school and its employees and agents against any claims relating to the self-administration of asthma 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 \_\_\_\_\_ SCHOOL YEAR**

Principal \_\_\_\_\_ Date \_\_\_\_\_