

**PARENTAL AUTHORIZATION  
FOR SELF-ADMINISTRATION OF ASTHMA INHALER**

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE OF AUTHORIZATION \_\_\_\_\_

The following guidelines shall apply to the self-administration of a student's asthma inhaler:

Parent or Guardian signed and dated authorization to self-administer the asthma inhaler.

The inhaler must be in the original container with the prescription label firmly attached stating the name of the medication, physician prescribing the medication, the prescribed dosage and the time at which or circumstances under which the medication is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

Annual renewal of authorization and immediate notification, in writing, of any changes.

The School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

**PARENTAL AUTHORIZATION:**

I hereby acknowledge that I am the parent or legal guardian of the above referenced student and that I am primarily responsible for administering medication to my child. I hereby authorize Peru Public Schools Dist. 124 to allow my child to self-administer his or her lawfully prescribed asthma medication during the following: (1) While in school; (2) while at a school-sponsored activity; (3) while under the supervision of school personnel; and (4) before or after normal school activities.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_