

Flora Community Unit School District #35  
Self-Administration of Medication for Asthma Authorization Form  
With parental permission and prescription label only

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above named student needs the medication for asthma at school that is ordered by

\_\_\_\_\_ (licensed prescriber) and is printed on the prescription label

which I have supplied for \_\_\_\_\_ (student)

dated \_\_\_\_\_.

This is my written authorization as the parent or guardian of the above named student for self-administration of this medication. "Self-administration" means a student's discretionary use of and ability to carry his/her prescribed quick reliever asthma inhaler. "Discretionary use" means that the student has the ability and can demonstrate, if asked, the ability to read his/her name, recognize his/her medication, knows the correct dose (for example, two puffs) and route (for example, inhaled), and can tell time well enough to know the correct time to self-administer the medication and know when medication is not effective and additional help is needed.

I agree to notify the school immediately if there is a change in the student's health status, medication/health procedure, or health care provider. I understand that this is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements.

I acknowledge that, when the medication is allowed to be self-administered I waive any claims of liability, except on a claim based on willful and wanton conduct, arising out of the self-administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the self-administration or attempts at self-administration of said medication, except on a claim based on willful and wanton conduct.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date