

**PARENTAL AUTHORIZATION FORM
FOR POSSESSION AND SELF-ADMINISTRATION
OF EMERGENCY MEDICATION**

As the parent (or guardian) of _____, I hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school related programs.

As documented by the attached physician's statement, my child has _____ (life-threatening allergy or asthma) and is capable of, and has been instructed by the physician in properly self-administering the emergency medication named by the physician.

As further documented by the attached physician's statement, my child has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

The attached plan of action, developed specifically for the _____ school year in consultation with the school nurse, is based on the documentation provided by the physician's statement and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken. The plan of action also indicates that the medication is solely for the use of my child. I understand that one of the requirements of the plan is that my child will notify a school employee or agent after self-administering emergency medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence.

I have read and agree with the above parental authorization form.

Parent or Guardian Signature

Date

School Nurse

Date