Itasca School District 10
Parent Authorization Form For Inhalers

To Be Completed by Parent or Legal Guardian:

Student Name _____ Date _____

Diagnosis requiring medication _____

Medication Required (Name, dosage and time to be given. This must match the prescription label on the inhaler.)

Name	**Dosage**	**Frequency of Use**
_____	_____	_____

I agree to provide the prescription label which contains the name, dosage, and administration frequency of the medication. I will notify the school of changes in medication or in my child's condition. I understand that this information will be shared with appropriate school district personnel for the safety of the student.

Student may self carry and administer an inhaler if needed. [ ] Yes [ ] No
An extra inhaler will be brought to school and kept in the health office. [ ] Yes [ ] No

When the medication is self-administered by my child, I waive any claims I might have against the School District, its employees and agents, either jointly or separately from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. Itasca School District, its employees and agents, shall incur no liability, except for willful and wanton misconduct, as the result of any injury arising from the self-administration of medication by the above named student. By signing this document, the parent/guardian indemnify and hold harmless the school district, its employees and agents against any claims, except a claim based on willful and wanton misconduct, arising out of the self-administration of medication by the above named student. Parents or Guardians of the pupil understand that the permission for the self-administration of any medication is effective for the school year for which it is granted and shall be renewed each subsequent year, only upon fulfillment of the requirements hereof. Provided these requirements are fulfilled, a pupil with asthma may possess and use his or her medication while in school, while at a school sponsored activity, while under the supervision of school personnel or before or after normal school activities such as while in before-school or after-school care or on school-operated property.

Parent/Guardian Signature _____

Name (please print) _____

Date _____