



FAITH CHRISTIAN ACADEMY

"...allow the children to come unto Me for of such is the kingdom of heaven." - JESUS

Written Authorization and Permission for Self-Administration of Medications

I/we the parent/parents of (student's name) _____, who is enrolled as a student at (school name) _____ for the school year of _____, hereby expressly authorize and give my/our permission for (student's name) _____ to self-administer inhaled asthma medications, blood glucose testing and insulin injections, and/or auto-injectable epinephrine as the case or circumstances may be. This authorization and permission applies to anytime during the school day, at school-sponsored activities, or while on a school bus or other school property.

In signing this authorization and permission, I am/we are attaching a statement from my/our child's physician that states the following:

- Name of student
The diagnosis of the student
Permission of the physician for the student to self-administer inhaled asthma medications, blood glucose testing and insulin injections, and/or auto-injectable epinephrine
The name and dosage of the medication and frequency in which it is to be administered
The circumstances that may warrant the use of the medication(s)
Belief that the student has demonstrated ability to safely and effectively self-administer the medication(s)
Emergency procedures for any life-threatening conditions

I/we agree that the school has consulted with me/us regarding the self-administration referenced herein. I/we agree and specifically authorize school administration to provide health information to school employees, if in the school's discretion it believes there is a need to know such information, regarding this permission and authorization and the circumstances surrounding it.

I/we understand that this authorization and permission is in force and effective for this school year only. I/we understand that I/we will be required to sign a new form each school year, with a current statement from my/our child's physician attached. I/we also understand that the school has the right to revoke this authorization and permission at any time, after written notice of such revocation.

I/we expressly, on my/our own behalf and on behalf of (student's name) _____, waive any liability or claim for negligence against, and agree to hold harmless, the school or any officer, board member, employee, or volunteer at the school, arising out of the supervision of the self-administration of inhaled asthma medications, blood glucose testing and insulin injections, and/or auto-injectable epinephrine by (student's name) _____. I/we further agree that any officer, board member, employee, or volunteer shall not be liable for any civil damages for acts or omissions resulting from or related to the self-administration referenced herein, including, but not limited to, the supervision of self-administration of inhaled asthma medications, blood glucose testing and insulin injections, and/or auto-injectable epinephrine by (student's name) _____ and that any officer, board member, employee, or volunteer shall not be liable for any civil damages for any injuries or deaths resulting from the misuse of such self-administration of medication.

Signed this _____ day of _____, 200__.

(Parent or Guardian)

(Parent or Guardian)

(Witness)