

**AUTHORIZATION for SELF-ADMINISTRATION of ASTHMA  
MEDICINE**

I, \_\_\_\_\_ or we, \_\_\_\_\_ and \_\_\_\_\_, parents or guardians of \_\_\_\_\_ (hereinafter "Student"), a student at Blessed Sacrament Catholic School (hereinafter School) hereby request and authorize School to permit Student to self-administer asthma medication prescribed by the Student's physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the Student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to the School. We (I) understand that this authorization will not be effective and the School cannot act upon it until the School has received the above-described written statement from the student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by Student.

We (I) hold harmless and indemnify the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the Student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

This authorization is effective only for the School year 2006-2007.

Date \_\_\_\_\_

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Parents or Guardians