

LAKE VILLA SCHOOL DISTRICT #41

**ADMINISTRATION OF ASTHMA INHALER
PARENT/GUARDIAN AUTHORIZATION AND RELEASE FORM**

Name of Student _____ Date of Birth _____
School _____ Grade _____

I request that my student be allowed to carry his/her asthma inhaler and self-administer as needed while at school or during school-sponsored activities. I have attached the following information to this form:

The prescription label, which contains the name of the medication, prescribed dosage, and time at which or circumstances under which the medication is to be administered. (Note: A health care provider's signature is not required for students who require asthma inhalers while at school or during school-sponsored activities.)

Authorization, Waiver, and Indemnification

I hereby consent to and authorize Lake Villa School District #41 to:

Administer medication to my student while at school or during school-sponsored activities according to the above instructions. I hereby confirm my primary responsibility to administer medication to my student. However, in the event that I am unable to do so, I hereby authorize Lake Villa School District #41 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my student lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY STUDENT TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL HEALTHCARE COORDINATOR AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration of said medication, and agree to release, hold harmless, and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medication or storage of any medication by school personnel.

Permit my student's possession and self-administration of asthma medication while at school or during school-sponsored activities according to the above instructions. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the self-administration of said asthma medication and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all

liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the self-administration of asthma medication. I also acknowledge that the School District, members of the Board of Education, its employees, and agents shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from my student's self-administration of asthma medication regardless of whether the self-administration of an asthma inhaler was authorized by the parent/guardian or healthcare provider.

This Parent/Guardian Authorization and Release Form and attached documentation shall be valid only for the school year in which they are submitted. A new form and supporting documentation must be submitted to the District each subsequent school year.

Parent/Guardian printed name: _____

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian telephone numbers:

Home: _____

Work: _____

Cell: _____