



AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION

I/We _____ parent(s) and /or guardian(s) of _____ a student at St.

James School hereby request and authorize the School to permit the student to self-administer asthma medication prescribed by the student's physician, physician assistant, or advanced practice registered nurse. This written statement has been given to the school.

I/We hold harmless and indemnify the school, the parish of which it is a part, their agents and employees, the Archdiocese of Chicago in Illinois, Cardinal Archbishop of Chicago in Illinois against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the student.

I/We 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.

This authorization is effective for THIS SCHOOL YEAR ONLY.

Parent/Guardian Signature

Date