

PARENT AUTHORIZATION

**SELF CARRY & ADMINISTRATION
OF ASTHMA &/OR EPINEPHRINE AUTO-INJECTOR MEDICATION**

I/We _____ parent(s) and /or guardian(s) of _____, a student at St. James School, hereby request and authorize the School to permit my child to self carry and administer his/her **asthma medication** and/or **epinephrine auto-injector** (circle the appropriate). This medication is prescribed by his/her physician, physician assistant or advanced practice registered nurse.

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 carry and administration of this medication(s) by the aforementioned 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 the current school year only.

Parent/Guardian Signature

date