



Parental Authorization for Self-Administration of Prescription or Asthma Medication, Diabetes Testing or Injections, and/or Auto-Injectable Epinephrine

I/We the parent(s) of (student's name) _____, who is enrolled as a student at Peoria Christian School for the school year of 20_____, hereby expressly authorize and give my/our permission for (student's name) _____ to self-administer:

- Inhaled asthma medication
- Blood glucose testing and insulin injections
- Auto-injectable epinephrine

This authorization and permission applies to anytime during the school day, at school-sponsored activities, or while on school bus or other school property.

In addition to signing this authorization form, I/we understand we must attach a "Physician's Statement of Need" form before any medications will be allowed.

I/We agree that the school has consulted with me/us regarding the self-administration referenced herein. I/We agree and authorize school administration to provide health information to school employees, if the administration 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 the stated school year only. I/We also understand that the school has the right to revoke this authorization and permission at any time, after providing me/us with 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 the medications/tests approved above 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 the self-administration of medications approved above.

Parent/Legal Guardian's Signature _____ Date _____

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