PERMISSION FORM FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION BY STUDENTS

I, _____, hereby grant permission for my child, _____, to self-administer his or her asthma medication at school.

I understand that the Jackson Public School District by law shall incur no liability on any claims relating to the self-administration of asthma medications by my child. I further agree to indemnify and hold harmless the Jackson Public School District and its employees against any claims relating to the self-administration of asthma medication by my child.

Attached to this permission form is a written statement from my child's health care practitioner, _____, indicating that he/she has asthma and has been instructed in the self-administration of asthma medication, the name and purpose of the medication and their prescribed dosage, the time the medication are to be regularly administered and under what additional special circumstances the medications are to be administered, if any, and the length of time for which the medications are prescribed.

I understand that this permission form is only effective for the school year in which it is granted and that I must renew it each school year hereafter.

SIGNED

_____
PARENT'S NAME

_____
ADDRESS

_____
PHONE NUMBER

_____
DATE

SOURCE: Jackson Public School District, Jackson, Mississippi
DATE: October 20, 2003

REVIEWED: August 10, 2017