



File: **JHCD-FORM-1**

Title: **PERMISSION FORM FOR STUDENT TO SELF-ADMINISTER EMERGENCY MEDICATION**

Section: Students

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby give my permission for the above student to retain in his/her possession the following EMERGENCY MEDICATION:

\_\_\_\_\_  
(Name of Medication)

for the life-threatening condition of: \_\_\_\_\_  
(Condition for which Emergency Medication was prescribed)

This permission shall be effective during the school day, on school property, including but not limited to a school bus, and at all school activities, whether on or off school property or occurring during the regular school day.

I have provided the District with a written medical history of the student's experience with his/her potentially life-threatening condition and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the condition.

I have provided the District with written certification from the student's physician, stating that the student (a) has the aforementioned condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the student.

I understand that the District and its employees or agents may disclose information provided in accordance with the foregoing paragraphs to administrators, schools nurses, teachers, and other school employees as may be necessary to protect the health of the student and to establish that the student has been authorized to self-administer medication by means of a meter-dose inhaler, and shall incur no liability for the disclosure of such information.

I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student, and that I shall be required to indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the student.

I understand that this permission form is effective for the school year for which it is granted, and that a new Permission Form and supporting documentation as described above must be submitted for each school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(Form **JHCD FORM-3** must also be completed by the student's physician and parent for medication to be brought to school.)