

**The Lutheran School of Saint Luke**  
**Parent Authorization Form For Inhalers**

**To be completed by Parent of Legal Guardian:**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis requiring medication \_\_\_\_\_

Medication Required (Name, dosage and time to be given. This must match the prescription label on the inhaler.)

Name	Dosage	Frequency of Use
_____	_____	_____

I agree to provide the prescription label which contains the name, dosage and administration frequency of the medication. I will notify the school of changes in the medication or in my child's condition. I understand that this information will be shared with appropriate school district personnel for safety of the student.

- Student may self-carry and administer an inhaler if needed.       Yes       No
- An extra inhaler will be brought to school and kept in the office.       Yes       No

When the medication is self-administered by my child, I waive any claims I might have against The Lutheran Church and School of Saint Luke, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. The Lutheran Church and School of Saint Luke, its employees and agents, shall incur no liability, except for willful and wanton misconduct, as the result of any injury arising from the self-administration of medication by the above named student.

By signing this document, the parent/guardian indemnify and holds harmless the school, its employees against any claims, except a claim based on willful and wanton misconduct, arising out of the self-administration of medication by the above named student.

Parents or Guardians of the student understand that the **permission for the self-administration of any medication is effective for the school year for which it is granted and shall be renewed each school year, only upon fulfillment of the requirements hereof.**

Provided these requirements are fulfilled, a student with an epi-pen or inhaler may possess and use his or her medication while in school, at a school sponsored activity, under the supervision of school personnel or before or after normal school activities such as before or after school care or on school operated property.

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

Parent/Guardian Name (please print) \_\_\_\_\_

Date \_\_\_\_\_