

Mokena Public Schools District 159

Authorizing Agreement for Self-Administration of Asthma Medication

2009/2010 School Year

I/We, _____, the parent(s) or legal guardian(s) of _____, a student at Mokena Public Schools District 159, hereby authorize my/our child to self-administer asthma medication while at school, and have provided a doctor's statement in compliance with State statute. Additionally, I/we understand that according to State statute, the School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of the asthma medication by my/our child. I/we must indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of asthma medication by my/our child. I/we further understand that this permission for self-administration of asthma medication is effective for this school year only and must be renewed each subsequent school year if desired. I/we understand that a copy of this permission will be kept in my/our child's medical file.

Name: _____
Please print

Signature

Date: _____