

***Mokena Public Schools District 159***

***Authorizing Agreement for Self-Administration of Asthma Medication***

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: \_\_\_\_\_