

To be completed by parents.

**2011-2012
Authorization for the Self-Administration of Medication
for
Students with Asthma**

To: St. Petronille School

The undersigned, _____, (hereinafter "Parent(s)")
Name of Parent or Parents

are the parent(s) _____, (hereinafter "Student") who is in the _____ grade
Name of student

at **St. Petronille School** (hereinafter "School").
Name of School

Parent(s) of Student hereby authorize(s) and direct(s) the School to allow my/our child, Student, to self-administer asthma medication pursuant to the written statement of my/our child's medical provider, a copy of which is attached hereto.

Parent(s) of Student acknowledge that this Authorization is being provided pursuant to the Illinois School Code (105ILCS 5/22-30). In addition, Parent(s) acknowledge(s) that my/our child, Student, has the ability to properly self-administer such medication as prescribed by my/our child's medical provider. Parent(s) also acknowledge(s) that by signing this Authorization, he/she/we are aware the he/she/we must also sign a statement acknowledging that School will not incur any liability for such self-administration, except for willful and wanton conduct with regard to any injury resulting to my/our child. Moreover, Parent(s) acknowledge(s) that they are required to sign an **Indemnification and Hold Harmless Agreement** with regard to the self-administration of asthma medication by my/our child.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The Parent(s) hereby agree to indemnify, defend, and hold harmless the School, **St. Petronille** and the Roman Catholic Diocese of Joliet, its administrators, servants, employees, agents, successors, and assigns (collectively "School Affiliates"), both in their capacities as representatives of the School, the Parish and/or the Diocese of Joliet, and as individuals, from and against any loss, actions, responsibilities, obligations, liability, damages, expenses, or claims with regard to the self-administration of asthma medication by my/our child, _____, or any other liabilities which may be incurred by or asserted against any of the School Affiliates, directly resulting from the self-administration of asthma medication by my/our child, _____, with the exception of willful and wanton conduct on the part of any School Affiliates.
Name of Child

_____ Date: _____

_____ Date: _____