

To be completed by parents.

2012-1013
Authorization for the Self-Administration of Medication
for
Students with Epi-Pen

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.
Name of School

Parent(s) of Student hereby authorize(s) and direct(s) the School to allow my/our child, Student/Teacher to self-administer epi-pen 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 epi-pen 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 epi-pen 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 epi-pen 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: _____