

**INHALER/EPIPEN
SELF-ADMINISTRATION OF MEDICATION**

A. Parent's Request and Authorization

I, THE UNDERSIGNED, request and authorize my child _____ to self-administer his/her medication: inhaler EpiPen while at school.

(Circle one or both as appropriate)

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger him/herself, or endanger other persons, and will not misuse the medication.
- I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with medication, school employees or administration may confiscate the medication.

Parent/Guardian Signature: _____

Date: _____

I, THE UNDERSIGNED,

- Understand that Maranatha Baptist Academy, its employees or administration shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child;
- Shall exempt from liability and hold harmless school employees or administration against any claims arising out of the self-administration of medication by my child;
- Understand that this authorization shall be effective for this current school year and must be renewed annually.

Parent/Guardian Signature: _____

Date: _____

(Over for Physician Certification) →

**B. INHALER/EPIPEN SELF-ADMINISTRATION
Physician's Certification**

I, THE UNDERSIGNED, certify that _____ has asthma, anaphylaxis,
(Student's Name)

or another related potentially life-threatening illness _____, and
(specify)

he/she is capable of and has been instructed in the proper method of self-administration of
his/her own asthma **and/or** EpiPen medication.

(circle appropriate medication)

Physician's Name: _____ **Signature:** _____

Address: _____

Telephone: _____ Date: _____