

Diocese of St. Augustine
Parental Authorization for Student to Self-Medicate Via a Prescription Inhaler

Date: _____

Student's Name: _____ Birth Date: _____

School: _____

Teacher's Name: _____ Grade/ Homeroom: _____

As the parents/guardians of the student named above, we/I authorize him/her to take (self-administer) the following medication at school:

Name of Medication: _____ Amount/ dosage: _____

Time Student will take Medication: _____ Date Medication will Start: _____

To end: _____ Physician's Name: _____

Health Problem Requiring Medication: _____

Possible Reaction/ Side Effects: _____

Where medication will be kept at school:

In administrative office (locked)

It is understood that school personnel will not be responsible or liable of the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and the student by the authorizing physician. Permission is also granted for the school personnel to contact the physician if there are questions or concerns about the medication. We/I are aware the privilege of self-administration of medication can be withdrawn if abused by the student.

Parent/ Guardian Signature

Date

Work Phone

Home Phone

Parent/ Guardian Signature

Date

Work Phone

Home Phone

Note: Whenever possible, medication schedules should be arranged to all medication is given at home.

1. Only prescription medication will be administered at school. Over-the-counter and sample medications must be accompanied by orders from the physician.

2. Medication must be delivered to school in the container in which it was purchased (dispensed). The label must indicate the student's name, name of the medication, doctor's name, dosage (amount), time (frequency).

3. The inhaler must have the child's name on it. If the medication requires additional equipment for administration such as a spacer, the parent is responsible for supplying the articles properly labeled with the student's name.

4. A log will be kept by the student and school staff at an elementary site. Included in the log should be date, time, and frequency of inhaler use.

RELEASE AND WAIVER OF LIABILITY REGARDING CHILDREN WITH SEVERE ALLERGIES

This is a RELEASE AND WAIVER OF LIABILITY REGARDING CHILDREN WITH SEVERE ALLERGIES (hereafter, referred to as the "Release") made the _____ day of _____, 20____ by and between _____ School (hereafter, referred to as the "School"), Bishop Felipe J. Estévez, as Bishop of the Diocese of St. Augustine, a corporation sole, individually and their agents and employees and _____

(Parent(s)/Guardian(s))

residing at _____, who are the

Parent(s)/Guardian(s) of _____.

(Child's Name)

The School has been requested to administer medical treatment (including the administration of Epinephrine) to the child during certain situations when the child has come in contact with the allergen(s) as prescribed in writing on the child's "Authorization for Adminstrating Medical Treatment to Children with Severe Allergies", ("the Authorization").

In consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parents(s)/Guardian(s) hereby release and forever discharge the School, its employees and agents from any and all liability arising in law or equity as a result of employees or agents, including specifically, but not limited to the child's teacher, administering epinephrine or providing any medical treatment to the child relating to such child's allergies.
2. This Release shall be governed by the laws of the State of Florida, which is the location of the School in which the child is enrolled, excluding its choice of law provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional physicians' instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The reference in this Release to the term "the School" shall include the Diocese of St. Augustine, and their affiliates, successors, religious directors, officers, employees, agents and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors of each.
5. If any staff member determines that administration of an injection of medication provided by the Parent(s)/Guardian(s) or any other measure is necessary to counteract allergic reactions, the

School shall be held harmless from any and all liability as a result of such action and the outcome of such administration or measure.

6. This Release also shall constitute an estoppel against any and all legal or equitable claims and the Parent(s)/Guardian(s) shall further hold harmless and indemnify the School in the event any claim is asserted by any third party against the parties covered by this agreement. The indemnification includes all cost and attorneys fees incurred by the School.
7. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

SCHOOL

By: _____

Name: _____

Title: _____

Date: _____

PARENT(S)/GUARDIAN(S)

By: _____

Name: _____

Relationship: _____

Date: _____

Diocese of St. Augustine
Physician's Orders for Self-Administration of Inhaler by Student at School

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

TO: The Physician

The information requested below is needed if a student is to use an inhaler in a Diocese of St. Augustine School. We appreciate your assistance in this matter.

Full Name of Student: _____ Birth Date: _____
Home Address: _____
Home Phone: _____ Parent/ Guardian's Work Phone: _____

Physician's Name: _____ Phone: _____
Health Problem Requiring Inhaler: _____
Name of Medication: _____
Amount to be Given: _____
When/ How Often: _____
What other emergency procedures should be instituted if inhaler proves ineffective:

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician's Signature: _____
Date: _____