



Presentation Academy Asthma Medication Authorization Form 2017 – 2018

IF YOUR DAUGHTER HAS ASTHMA, THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE FRONT OFFICE.

ASTHMA MEDICATIONS LAW (HB353)

Kentucky House Bill 353 allows students with asthma to have unobstructed access to asthma medications. The key points of this law are as follows:

Public and private school students are allowed to possess and use asthma medications, provided that:

- The student has written authorization from a parent and her health care provider to self-administer the medications.
- The written authorization is kept on file at school.
- A parent or guardian must sign a statement acknowledging that the school has no liability from any injury sustained by a student from self-administration of medication.

Permission for self-administration of medications is effective for the current school year and must be renewed each school year.

If you have any questions regarding this law or any asthma issue, please contact the Director of Education & Advocacy, American Lung Association, at 363-2652.

Presentation Academy and its employees shall occur no liability as a result of any injury sustained by the student from self-administration of asthma medications.

STUDENT NAME: _____
(PRINT): Last First Middle

IF YOUR DAUGHTER HAS ASTHMA, BUT DOES NOT NEED TO SELF-ADMINISTER ASTHMA MEDICATIONS AT SCHOOL, COMPLETE AND SIGN ONLY THIS SECTION OF THE FORM AND HAVE YOUR DAUGHTER RETURN THE SIGNED FORM TO THE FRONT OFFICE.

I, _____, parent/guardian of the above named student, verify that my daughter has asthma, but does not need to carry or self-administer any asthma medications at school-sponsored activities or at any time that she is present on Presentation Academy's school property.

Signature: _____ **Date:** _____
(Parent/Guardian)

IF YOUR DAUGHTER HAS ASTHMA AND SHE MUST SELF-ADMINISTER MEDICATIONS AT SCHOOL, YOU AND THE STUDENT'S HEALTH CARE PRACTITIONER MUST COMPLETE AND SIGN ALL SECTIONS BELOW. YOUR DAUGHTER MUST RETURN THE COMPLETED FORM TO THE FRONT OFFICE BEFORE SHE WILL BE GIVEN PERMISISON TO SELF-ADMINISTER HER MEDICATIONS ON SCHOOL PROPERTY OR AT ANY SCHOOL-SPONSORED ACTIVITY.

I, _____, parent/guardian of the above named student, authorize Presentation Academy to allow the student to carry with her and self-administer her asthma medications.

Signature: _____ **Date:** _____

I, _____, parent/guardian of the above named student acknowledge that Presentation Academy shall incur no liability as a result of any injury sustained by the student from the self-administration of asthma medications. I further indemnify and hold harmless Presentation Academy and its employees against any claims relating to the student's self-administration of asthma medications.

Signature: _____ **Date:** _____

IF YOUR DAUGHTER HAS ASTHMA AND SHE MUST SELF-ADMINISTER ASTHMA MEDICATIONS AT SCHOOL, THE STUDENT'S PHYSICIAN MUST COMPLETE THE FOLLOWING SECTION AND SIGN WHERE INDICATED.

I, _____, verify that _____ has asthma and
Physician/Health Care Provider's Name (please print) Student's Name (please print)

the student has been instructed in self-administration of the asthma medications listed below:

Name of Asthma Medication	Purpose of Medication	Prescribed Dosage	Time(s) or circumstances under which medication must be administered	Length of time for which medication is prescribed

Signature: _____ **Date:** _____
Physician/Health Care Provider