St. Vincent de Paul School
14330 Eagle Run Drive
Omaha, NE. 68164
402.492.2111 *phone*
402.496.9933 *fax*

IMPORTANT HEALTH NEWS

RE: SELF ADMINISTERED INHALED MEDICATION AUTHORIZATION

Dear Parent/Guardian,

Use this form for a student who will carry his/her inhaler in a backpack or keep in his/her locker. This form MUST be turned into the SVDP health office before the student begins keeping the inhaler on his/her person.

Student_____Grade_____

The above named student has been instructed in the proper use of the inhaled medication stated below. We, the physician and parent, request that he/she be permitted to carry the inhaled medication on his/her person as we consider him/her responsible. He/she has been instructed and understands the purpose and appropriate method and frequency of use of his/her inhaled medication.

Inhaled medication to be self-administered_____
Dosage and directions_____
_____
Purpose of medication_____
_____
Possible side effects_____
_____
Starting date_____Termination date_____

Physician Signature_____Date_____

Release and Indemnification Agreement

_____hereby acknowledge that SVdP (including school's employees
(Name of Parent or Gaurdian)
and agents) is not liable for any injury or death arising out of the self-management by_____of his/her asthma or anaphylaxis condition and I hereby indemnify and
(Name of Student)
hold SVdP (including its employees and agents)from any claim arising from the student's self-management. In the event that_____injures school personel or another
(Name of Student)
student as a result of misuse of the prescription asthma or anaphylaxis medication or related medical supplies, the undersigned shall be responsible for any and all costs associated with the injury.

_____ _____
Date Parent or Guardian

PC0306 10/24/06