

Parent Authorization/Release for Student's Self-Administer of  
Prescription Asthma(Inhaler) and/or Anaphylaxis (Epi-pen auto injector)  
Medication

I, \_\_\_\_\_, parent or legal guardian of, \_\_\_\_\_(student)

give permission for him/her to carry and self- administer prescription Asthma (Inhaler) and/or Anaphylaxis (Epi-pen auto injector) medication while on school property, school- provided transportation, or at any school related event or activity.

I, \_\_\_\_\_, parent or legal guardian of, \_\_\_\_\_(student)

release Madison County School District, its employees and agents from liability for an injury arising from the student's self-administration of prescription Asthma (Inhaler) and/or Anaphylaxis (Epi-pen auto injector) medication while on school property, school-provided transportation, or at any school related event or activity. This release will not apply to the wanton or willful misconduct of Madison County School District, its employees or agents.

\_\_\_\_\_  
Name of Parent or Guardian(printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date