

ASTHMA MEDICATIONS

The safety and well-being of students is of utmost importance to the district's school board, administration, personnel and staff.

REQUIRED AUTHORIZATION

This school board shall permit the self-administration of medications by a student if the student's parent or guardian:

- (a) Provides written authorization for self-administration to the school; and
- (b) Provides a written statement from the student's health care practitioner that the student has asthma and has been instructed in self-administration of asthma medications. The statement shall also contain the following information:
 - (i) The name and purpose of the medications;
 - (ii) The prescribed dosage;
 - (iii) The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered; and
 - (iv) The length of time for which the medications are prescribed.

RECORD KEEPING

The statements required as listed above shall be kept on file in the office of the school nurse or school administrator.

INDEMNIFICATION

This school district shall inform the parent or guardian of the student that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of asthma medications. The parent or guardian of the student shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self-administration of asthma medications.

Descriptor Term:

JGCBA

ASTHMA MEDICATIONS

ISSUE DATE: **10-6-03**

YEARLY RENEWAL

The permission for self-administration of medications shall be effective for the school year in which it is granted and shall be renewed each following school year upon fulfilling the requirements as stated in this policy.

SUPERVISED USE OF ASTHMA MEDICATIONS

Upon fulfilling the requirements as stated in this policy, a student with asthma may possess and use asthma medications when at school, at a school-sponsored activity, under the supervision of school personnel or before and after normal school activities while on school properties including school-sponsored child care or after-school programs.

LEGAL REF.: House Bill 1072, 2003 Mississippi Legislative Session

Descriptor Term:

JGCBA

ASTHMA MEDICATIONS

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AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATIONS BY STUDENTS IN THE _____ PUBLIC SCHOOL DISTRICT.

I/We, the undersigned parent/s or guardian/s of _____, authorize the school/school district to permit my/our child to self-administer asthma medications. I/We understand that this authorization must be accompanied by a written statement from my/our child's health care practitioner verifying that he/she has asthma and has been instructed in self-administration of asthma medications. The statement must also contain:

1. The name and purpose of the medications;
2. The prescribed dosage;
3. The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered;
4. The length of time for which the medications are prescribed;
5. The signature of child's health care practitioner; and
6. The date.

RELEASE AND INDEMNITY AGREEMENT

I/We forever release, discharge and covenant to hold harmless the School District, its personnel and Board of Trustees from any all claims, demands, damages, expenses, loss of services and causes of action belonging to my/our child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from self-administration of the asthma medicines.

I/We agree to repay the school district, its personnel or Trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to my/our child as a result of self-administration of the asthma medicines.

I/We have read the foregoing release and indemnity agreement and fully understand it.

Executed this the _____ day of _____, 200__.

Parent or Guardian

Witness

Parent or Guardian

Witness