

**ASTHMA & ANAPHYLAXIS EMERGENCY MEDICATION  
Possession and Self-Administration Consent Form**

<b>STUDENT'S NAME</b> _____	
<b>BIRTH DATE</b> _____	_____
<b>SCHOOL</b> _____	_____
<b>GRADE</b> _____	_____

***As the parent/guardian, I understand:***

- I am responsible to support my child's use of the prescribed medication.
- I am responsible to provide an adequate supply of medication for my child and the school.
- It is my responsibility to notify the school immediately if my child's health changes. I will provide the most current documentation to support my child's possession and self-administration of emergency asthma and anaphylaxis medication on at least an annual basis.
- According to North Dakota Century Code 15.1-19, neither the school district or employee is liable for civil damages incurred by a student who possesses and administers emergency asthma medication to him or herself.

I authorize my child to possess and self-administer emergency medications for:

ASTHMA (Initial) \_\_\_\_\_

ANAPHYLAXIS (Initial) \_\_\_\_\_

X \_\_\_\_\_  
Parent/Guardian signature

X \_\_\_\_\_  
Date

***As the student,*** I understand the condition this emergency medication is for and the training provided by my physician / health care provider. I acknowledge I can be disciplined according to district policy for any misuse of this medication.

X \_\_\_\_\_  
Student Signature

X \_\_\_\_\_  
Date

**School use only:**

Student has on file a ...

ND Asthma Action Plan (Date) \_\_\_\_\_

ND Anaphylaxis Action Plan (Date) \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_