

REGULATION
PARENTAL AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION
OF ANAPHYLAXIS MEDICATION

The undersigned, _____, (“Parent”) is the parent or legal guardian of _____, (“Student”) who attends _____ School at Chandler Public Schools.

By Parent’s signature below, Parent understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer anaphylaxis medication pursuant to the guidelines set forth in District Policy 628.
2. Parent has read, understands and agrees to the provisions and regulations of District Policy 628, *Student Self-Administration of Inhaled Asthma Medication and Anaphylaxis Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer anaphylaxis medication at school.
3. Parent has provided to the District a written statement from the Student’s physician indicating that the Student has anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of anaphylaxis medication.
4. Parent acknowledges the following statement:
“*The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.*”
5. Parent has read, understands and agrees to the provisions and regulations of District Policy 628, *Student Self-Administration of Inhaled Asthma Medication and Anaphylaxis Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer anaphylaxis medication at school.
6. Parent has been given a copy of District Policy 628, *Student Self-Administration of Inhaled Asthma Medication and Anaphylaxis Medication*; and a signed copy of this signed Parental Authorization form.

Signature of Parent or Legal Guardian

Date