



Brother Rice High School

"Act Manfully in Christ Jesus"

SCHOOL YEAR: _____

Graduation Class: _____

INHALER AUTHORIZATION for SELF-ADMINISTRATION

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I, _____, parent or guardian of _____, acknowledge that BROTHER RICE HIGH SCHOOL and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above-named student. I indemnify and hold harmless BROTHER RICE HIGH SCHOOL and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student.

SIGNED _____

DATE _____

To be Completed by Physician (for prescription medicine)

Name of medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions? _____ Yes _____ No

If yes, what and how long? _____