Nebraska Department of Health and Human Services

Self-management Of Asthma and Severe Allergy (Anaphylaxis) at School Consent/release form

Parental consent/release in writing is required annually and must be accompanied by:

- **Signed physician authorization for self-management of asthma/anaphylaxis at school.**
- **Current written medical management plan. The school can provide a form for your use.**
- **We strongly recommend you allow us to keep an extra supply of your child's medications at school.**

PARENT/GUARDIAN: By signing below, you acknowledge the following:

1. You are requesting that your student be allowed to self-manage his or her asthma or allergy condition at school.
2. You have confidence that your student has the knowledge and skills need to self-manage his or her asthma or allergy condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for asthma and allergy cares. Your child may request assistance from qualified school health personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of asthma or allergy supplies, you shall be responsible for any and all cost associated with such injury.
5. The school and its employees are not liable for any injury or death arising from a student's self-management of his or her asthma or allergy condition.
6. You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student's self-management of his or her asthma or allergy.

Parent/Guardian Printed Name

Student Printed Name

Parent/Guardian Signature

Date

THIS PORTION RECOMMENDED, NOT REQUIRED

STUDENT: By signing below, you agree that you understand:

1. You must not share, or allow another student to handle, your medications or supplies.
2. You will notify the school nurse or other designated adult when you have used your medication.
3. If you don't feel better after using your medication, you will seek help from school personnel.

Student Signature

Date

Student Printed Name

Reference: Neb. Rev. Stat. 79-224 (2006).