

**Diocese of Des Moines**

RELEASE AND INDEMNIFICATION AGREEMENT  
(Self-Administration of Prescription Asthma or Anaphylaxis Medication)

\_\_\_\_\_ hereby acknowledge that \_\_\_\_\_ (including  
(Name of Parent or Guardian) (Name of School)

School's employees and agents) is not liable for any injury or death arising out of the self-management by \_\_\_\_\_ of his/her asthma or anaphylaxis condition  
(Name of Student)

and I hereby indemnify and hold \_\_\_\_\_ (including its employees and  
(Name of School)

agents) from any claim arising from the student's self-management. In the event that

\_\_\_\_\_ injures school personnel or another student as a result of  
(Name of Student)

misuse of the prescription asthma or anaphylaxis medication or related medical supplies, the undersigned shall be responsible for any and all costs associate with the injury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

Regulation Adopted: May 19, 2008

Regulation Revised: March 25, 2013