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
Regulation Reviewed: January 30, 2020