

**St. Mary's Grade School**  
**ASTHMA & ANAPHYLAXIS EMERGENCY MEDICATION**  
**Possession and Self-Administration Consent Form**

STUDENT'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

Student has on file a.....

ND Asthma Action Plan (Date): \_\_\_\_\_

ND Anaphylaxis Action Plan (Date): \_\_\_\_\_

***As the parent/guardian, I understand:***

- \* I am responsible to support my child's use of the prescribed medication.
- \* I am responsible to provide an adequate supply of medication for my child and the school.
- \* It is my responsibility to notify the school immediately if my child's health changes. I will provide the most current documentation to support my child's possession and self-administration of emergency asthma and anaphylaxis medication on at least an annual basis.
- \* According to North Dakota Century Code 15.1-19, neither the school nor employee is liable for civil damages incurred by a student who possesses and administers emergency asthma medication to him or herself.

**I authorize my child to possess and self-administer emergency medications for:**

**ASTHMA:** (Initial) \_\_\_\_\_

**ANAPHYLAXIS:** (Initial) \_\_\_\_\_

**X** \_\_\_\_\_  
Parent/Guardian Signature

**X** \_\_\_\_\_  
Date

***As the student,***

I understand the condition this emergency medication is for and the training provided by my physician/health care provider. I acknowledge I can be disciplined for any misuse of this medication.

**X** \_\_\_\_\_  
Student Signature

**X** \_\_\_\_\_  
Date