



## Parental Consent and Release for Self-Administration of Asthma and Anaphylaxis Medications

I, \_\_\_\_\_ (full name of parent/guardian) authorize my child  
\_\_\_\_\_ at St. John Catholic Elementary School in Lawrence, KS to  
self-administer asthma or anaphylaxis medication in accordance with the policy adopted by the  
Archdiocese of Kansas City in Kansas and the school pursuant to Kansas law.

I acknowledge that the Archdiocese of Kansas City in Kansas and St. John Catholic School, their  
employees or agents, shall incur no liability for damage, injury or death resulting directly or  
indirectly from the self-administration of medication. I agree to release, indemnify and hold the  
Archdiocese and St. John Catholic School and their officers, employees and agents, harmless  
from and against any claims relating to the self-administration of such medication by my child.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed and signed form to the school office.