



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.