



*Home of The  
Falcons*

Randy Strabala, Superintendent  
 Aaron Thomas, Secondary Principal  
 Brian Buseman, Middle School Principal  
 Amy May, Elementary Principal

(319) 346-1571 - 1105  
 (319) 346-1571 - 1102  
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 (319) 347-6621 - 3202  
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Code No. 507.2E1

**ASTHMA/OTHER AIRWAY CONSTRICTING DISEASE MEDICATION OR EPINEPHRINE AUTO-INJECTOR  
 SELF-ADMINISTRATION CONSENT**

Student's Name \_\_\_\_\_ Birthday    /   /    School \_\_\_\_\_ Date    /   /   

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) and/or an epinephrine auto-injector at school and in school activities according to the authorization and instructions
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine auto-injector for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector. I acknowledge that the school district is to incur no liability, except for gross negligence, as a result of self-administration or use of an epinephrine auto-injector by the student.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA) and any other applicable laws.
- I agree to provide the school with back-up medication approved in this form.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Purpose of Medication & Administration/Instructions \_\_\_\_\_ Stop date    /   /   

Prescriber's Signature \_\_\_\_\_ Prescriber's Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date    /   /     
 (agreed to above statement)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Self-Administration Additional Information \_\_\_\_\_

Reviewed 3/15/21