

**Consent for Student to Possess and Self Administer Asthma or Other Airway Constricting
Disease Medication by Public and Accredited Nonpublic School Students**

The Des Moines Catholic Diocese and _____ School and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self administration of medication by the student. Its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring or interfering with a student's self administration of medication.

I agree with the above and consent for my child to possess and self administer _____ during the school year.

Parent / Guardian Signature

Date