

# Self Management of Asthma, Severe Allergy (Anaphylaxis), or Diabetes at School Consent Form

Parental consent/release in writing is required and must be accompanied by:

- Signed physician authorization for self-management of asthma/anaphylaxis or self management of diabetes at school.
- Current written medical management plan. The school can provide a form for your use.
- It is recommend you keep an extra supply of your child's medications at school.

**PARENT/GUARDIAN: By signing below, you acknowledge the following:**

1. You are requesting that your student be allowed to self-manage their asthma, allergy, or diabetic condition at school.
2. You have confidence that your student has the knowledge and skills needed to self-manage their condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for asthma, allergy, and diabetic cares. Your child may request assistance from qualified school health personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of the condition's supplies, you shall be responsible for any and all costs associated with such injury.
5. As stated in Neb. Rev. Stat. 79-224.5 "The parent or guardian of a student for whom an asthma or anaphylaxis medical management plan has been developed under this section shall sign a statement acknowledging that (a) the school and its employees and agents are not liable for any injury or death arising from a student's self-management of his or her asthma or anaphylaxis condition and (b) the parent or guardian shall indemnify and hold harmless the school and its employees and agents against any claim arising from a student's self-management of his or her asthma or anaphylaxis condition." and Neb. Rev. Stat. 79-225.5 "The parent or guardian of a student for whom a diabetes medical management plan has been developed under this section shall sign a statement acknowledging that (a) the school and its employees and agents are not liable for any injury or death arising from a student's self-management of his or her diabetic condition and (b) the parent or guardian shall indemnify and hold harmless the school and its employees and agents against a claim arising from a student's self-management of his or her diabetic condition."
6. This self management plan will be in effect until rescinded by either party.

Please check the box to indicate which condition your child needs to self-manage.

☐ Asthma/Allergies      ☐ Diabetes      ☐ Both

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**STUDENT: By signing below, you agree that you understand:**

1. You must not share, or allow another student to handle, your medications or supplies.
2. You will notify the school nurse or other designated adult when you have used your medication.
3. If you don't feel better after using your medication, you will seek help from school personnel.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name