



TINDLEY

GENESIS ACADEMY

PARENTAL AUTHORIZATION AND INDEMNIFICATION FOR THE DISPENSATION OF ASTHMA MEDICATION

I, _____, parent or legal guardian of
_____, hereby authorize Tindley Genesis Academy
(name of scholar) and its nurses and/or designated employees to permit my child to carry and to self-
administer his/her asthma medication. Prescription medicine will be accompanied by the prescribing
physician's instructions.

I agree that Arlington High School and its employees are not to be held liable for allowing self-
administration of asthma medicine in accordance with this Authorization. I agree to hold harmless and
indemnify Arlington High School and all of its employees against any and all claims, damages, expenses,
attorney's fees, suits, cause or causes of action that may be brought against Arlington High School or its
employees in connection with permitting self-administration. I acknowledge that the Arlington High School and
its employees bear no responsibility for ensuring that the medication is taken as prescribed.

This Authorization shall be effective unless revoked by me in writing. I intend to be legally bound by this
Authorization. This authorization and the accompanying prescription must be renewed for each school year.

I understand that failure to adhere to the medication policy will result in a loss of privilege to carry
inhaler for the remainder of the current school year (and subsequent disciplinary action).

Signature of Parent and/or Guardian

Date