

St. Patrick School Asthma Acknowledgment Form

Name of Child _____

Address _____

Date of Birth _____

I/We, the undersigned custodial parent(s)/ court-appointed guardian(s) of the child identified above (hereinafter referred to as the “child”), hereby:

1. Certify that I/we have provided St. Patrick School with the most up-to-date information concerning the child’s asthma and I/we personally reviewed and approved all written documentation concerning the child’s asthma plan of care that have been provided to St. Patrick School;
2. Agree to promptly provide St. Patrick School with any additional and/or updated information about the child’s asthma as it becomes available;
3. Acknowledge meeting with _____ (name and title of school administrator or his/her designee) on _____, at which time I/we discussed the child’s asthma action plan and went over guidelines followed by St. Patrick School.
4. Authorize full disclosure to the faculty, staff administration and volunteers of St. Patrick School of all information concerning the child’s asthma deemed relevant by the administration of St. Patrick School, and
5. Acknowledge that St. Patrick School highly recommends that each child with an asthma action plan in Grades K-8 carries on his/her person at all times a duly prescribed rescue inhaler, and choose as follows for the child:

_____ **Yes**, I/we will have the child carry a duly prescribed rescue inhaler on her/his person at all times while attending school and events at St. Patrick School.

_____ **No**, I/we, against the advice of St. Patrick School, do not want the child to carry a rescue inhaler on her/his person while attending school and events at St. Patrick School, understand that their rescue inhaler will not always be readily available for prompt administration to the child if she/he has symptoms, and accept all responsibility for and release St. Patrick School, its faculty, staff, administration and volunteers from any and all liability and injury to the child resulting from delays in administering their rescue inhaler to the child because the child was not carrying their rescue inhaler on her/his person.

Signed on ____/____/____

Signature of Parent/Guardian _____

Printed Name _____