



MFL MarMac Community School District

700 South Page Street • P.O. Box 1040 • Monona, IA 52159-0544

Dr. Dale Crozier, Superintendent • Phone: 563-539-4795

Monona • Farmersburg • Luana • Marquette • McGregor • www.mflmarmac.k12.ia.us

2020/2021 ASTHMA / EPIPEN PERMISSION FORM *

Student's Name: _____ Birthdate: _____

Name of Medication: _____

Instructions for Use / Dosage:

Please select **one** option that applies to the student listed above and sign below:

- I certify that the student listed above has received instruction on proper use of their inhaler OR Epinephrine delivery device and may self administer AND carry the inhaler OR Epinephrine delivery device. State law requires that the school inform you that the school district, and its employees are to incur no liability, except for willful and wanton misconduct, as a result of any injury arising from self-administration of medicine by the student.
- I certify that the student listed above has received instruction on proper use of their inhaler OR Epinephrine delivery device and may self-administer, but with supervision of trained staff. State law requires that the school inform you that the school district, and its employees are to incur no liability, except for willful and wanton misconduct, as a result of any injury arising from self-administration of medicine by the student.
- I certify that the student listed above has received instruction on proper use of their inhaler OR Epinephrine delivery device, BUT, still requires the inhaler or Epinephrine delivery device to be stored in the Health Room and used ONLY with trained staff supervision.

Additional Information: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**MFL MarMac CSD requests that an Emergency (Asthma or Allergy) Action Form accompany this signed permission form.*