



Affiliated with Holy Trinity Hellenic
Orthodox Church of Chicago

Hellenic American Academy

Academic Achievement, Cultural Awareness and Pride, Spiritual Enrichment

AGREEMENT AUTHORIZING SELF-ADMINISTRATION OF ASTHMA MEDICATION

I/we, _____,

The parent(s) or legal guardian(s) of _____
a student at Socrates Hellenic American Day School, hereby authorize my/our child to self-administer
asthma medication while at school and have provided a physician's statement in compliance with State
statute. I/we have instructed my/our child not to share his/her medication with any other student.

Additionally, I/we understand that according to State statute, the School and its employees are to incur no
liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration
of the asthma medication by my/our child. I/We further understand and agree that as the parent(s) or
legal guardian(s) of my/our child, I/we must indemnify and hold harmless the School and its employees
against any claims, except a claim based on willful and wanton conduct, arising out of the self-
administration of asthma medication by my/our child. I/We further understand that this permission for
self-administration of asthma medication is effective for this school year only, and must be renewed each
subsequent school year if desired. I/We understand that a copy of this permission will be kept in my/our
child's medical file.

Name: _____

Please Print

Signature

Date