Saint Andrew School

Providing educational excellence in a vibrant and caring Catholic environment

AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION

I/WE _____, parent(s) and/or guardian(s) of _____,

(Please PRINT) ***(Please PRINT)***

a student at _____School, hereby request and authorize the School to

{Please PRINT)

permit my/our child to self-administer asthma medication as prescribed by our child's physician, physician assistant, or advanced practice registered nurse.

_____**Parent/Guardian written permission and prescription label must be received by the school.**

Date: _____

I/WE further acknowledge that this nonpublic school is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the student regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse. As parent(s) or guardian(s), I/WE indemnify and hold harmless this nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or use of an epinephrine auto-injector by the student regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse.

I/WE understand that any abuse of this right by the student or endangerment of another student or students by means of the student's possession of this medication may result in appropriate disciplinary action.

The permission for self-administration of medication or use of an epinephrine auto-injector is effective for the school year for which it is printed and shall be renewed each subsequent school year upon fulfillment of the requirements of section ILCS 5/22-30 of the Illinois School Code.

Provided the above requirements are met, a student with asthma may possess and use his or her medication or a student may possess and use his or her auto-injector while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, in before or after care on school-operated property.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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The completed form is to be filed in the student's Health file in the school.
Copies of both pages should be given to the parent/guardian.