**Auburn Community Unit District #10 Schools**

**Self-Administration of Medication by a Pupil with Asthma or use of an Epinephrine Auto-injector**

School code states: "A school, whether public or nonpublic, must permit a pupil to carry and the self-administration of medication by a pupil with asthma or the use of an epinephrine by a pupil at risk of anaphylaxis in accordance with 105 ILCS 5/22-30".

These conditions are as follow:

1. The medication must pertain to the pupil's asthma / anaphylaxis risk and have an individual prescription label.
2. The medication must be prescribe by a physician, a physician assistant or advance practice registered nurse having the authority to prescribe such medicine.
3. The pupil's parents or guardian must provide the school with written authorization of the medication ("self-administration" means that the pupil has the discretion as to the use of his or her medication.)
4. The parent or guardians must also provide the school with a written statement from the pupil's physician, a physician assistant or advance practice registered nurse.

   This statement must contain the following instructions:
   - Name and purpose of the medication
   - Prescribed dosage, and
   - The time or times at which, or the special circumstances under which, the medication is to be administered.

This written information provided by the parent or guardian must be kept on file in the office.

Further, Auburn Community Unit District #10 schools, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury from the self-administration of medication by a pupil with asthma or the use of an epinephrine by a pupil at risk of anaphylaxis. The parents or guardians of the pupil must sign a statement wherein they acknowledge that the school has no liability (except for willful and wanton conduct) as a result of the self-administration. The parents or guardians must also indemnify and hold harmless the school, along with its agents and employees, against any claims (except a claim based upon willful and wanton conduct).

The permission for self-administration is effective for the school year when granted. This permission allows the pupil with asthma or anaphylaxis risk to "possess and use his or her medication (i) while in school (ii) while at a school sponsored activity, (iii) while under the supervision of school personnel or (iv) before or after normal school activities, such as while in before-school care on school-operated property."

Student's Name_____Birth Date_____

Address:_____

Home Phone _____ Emergency Phone _____

*To be completed by the student's physician:*

Name of Medication_____ for Asthma or Anaphylaxis Dosage_____

The time or times at which, or the special circumstances under which, the medication is to be administered

_____

_____ _____ _____

Physician's Signature Physician's Name Printed Date

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize my child, on my behalf and stead, to self-administer the asthma medicine, while under the supervision of the employees and agents of Auburn Community Unit District #10 Schools as possible, the lawfully prescribe medication as described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Auburn Community Unit District #10 Schools, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Auburn Community Unit District #10 Schools, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes or injuries incurred or resulting from the administration or attempts at administration of said medications.

Parent(s)/Guardian(s) signature_____ Date_____

Parent(s)/Guardian(s) name (Please Print)_____