

# MCHS HEALTH OFFICE

## Freshman Campus

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## Upper Campus

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### **EMERGENCY MEDICATION SELF-ADMINISTRATION FORM**

*To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority. This is only for self-administration of authorized emergency medication. A new form must be completed every school year.*

**Student's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Any change in dosage or administration time must be authorized by a physician in writing.**

\*I certify that \_\_\_\_\_ has been instructed in the use and self-administration of \_\_\_\_\_.

He/she understands the need for the medication and the necessity to report to school personnel any unusual side effects.

Diagnosis/Reason for Administration: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT/GUARDIAN CONSENT FOR STUDENT TO SELF-ADMINISTER EMERGENCY MEDICATION**

*I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his/her asthma medication and/or epinephrine-injector: (1) while in school, (2) while at a school-sponsored activity, or (3) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that is, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine-injector. 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799, eff. 1-1-19.*

Please sign to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her emergency medication.

Parent/Guardian Printed Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARTNERING WITH THE COMMUNITY TO ACHIEVE EXCELLENCE** 