

## Student Self-Administer Medication Form

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Is the **asthma inhaler and/or epinephrine injector** required under a qualifying plan pursuant to the **Asthma Action Plan** 105ILCS 5/10-22.21b, amended by P.A. 101-205, eff. 1-1-2020? **Yes**  **No**

**Parent(s)/Guardian(s) please attach the prescription label (asthma inhaler) and/or written statement (epinephrine injector).** For asthma inhaler, attach the prescription label with the name, the dose, and the time at which or circumstances under which the medication is to be administered. 105 ILCS 5/22-30(b)(2)(i). For an epinephrine injector, attach a written statement from the medical provider containing name and purpose, injector; the dosage; and time or times at which or special circumstances that the epinephrine injector should be administered. 105 ILCS 5/22-30(b)(2)(ii)(A)-(C).

**Parent(s)/Guardian(s) please attach the prescription label (asthma inhaler) and/or written statement (epinephrine injector).** For asthma inhaler, attach the prescription label with the name, the dose, and the time at which or circumstances under which the medication is to be administered. 105 ILCS 5/22-30(b)(2)(i). For an epinephrine injector, attach a written statement from the medical provider containing name and purpose, injector; the dosage; and time or times at which or special circumstances that the epinephrine injector should be administered. 105 ILCS 5/22-30(b)(2)(ii)(A)-(C).

**For only parents/guardians of students who need to self-administer medication required under a qualifying plan:** I grant permission for my child to self-administer his or her medication required under an **asthma action plan, an individual health care action plan, an Illinois Food Allergy Emergency action plan and treatment Authorization Form**, a plan pursuant to section 504 of the Federal Rehabilitation Act of 1973, or plan pursuant to the federal individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by P.A. 101-205, eff.1-1-2020

Parent(Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: **Annawan Unit District 226** Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication(s) other than **asthma inhalers and/or epinephrine injectors** (complete Medication Administer form) required under a qualifying plan that is permitted to self-administer:

Prescriber's Printed Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Is it necessary for this medication to be administered during the school day? **Yes**  **No**

Medication Name:  Inhaler \_\_\_\_\_  Epinephrine injector \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ PRN: **Yes**  **No**

Purpose:  Asthma attack  Allergic reaction  Other \_\_\_\_\_

Expected side effects if any: \_\_\_\_\_

Prescription Date: \_\_\_\_\_ Order Date: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Other Medications student is receiving: \_\_\_\_\_

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

If the medication is an asthma inhaler or epinephrine injector, be also sure to complete the section above and attach the required label and/or written statement as required above.

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.

\_\_\_\_\_  
Parent/Guardian initials

**For only parents/guardians of students who need to carry and use their asthma medication of epinephrine injector:** I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, 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.. 105ILCS5/22-30, amended by P.A.s 100-726 and 100-799, eff. 1/1/2020 Please initial to indicate (1) receipt of this information, and (2) authorization for your child to carry and use his or her asthma medication or epinephrine injector. (3) Attach appropriate **qualifying plan. (asthma action plan, an individual health care action plan, an Illinois Food Allergy Emergency action)**

\_\_\_\_\_  
Parent/Guardian initials