

COMMUNITY UNIT SCHOOL DISTRICT #7
MEDICATION AUTHORIZATION FORM
ASTHMA INHALER SELF ADMINISTRATION

TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT'S NAME _____ BIRTHDATE _____
ADDRESS _____ HOME PHONE _____
TEACHER _____ GRADE _____ EMERGENCY PHONE # _____

By signing below, I agree:

1. I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication (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 care on school-operated property.
2. That when the lawfully prescribed medication is self administered, I waive any claims I might have against the School District, its employees and agents arising out of the self administration of said medication. 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 administration of medication (105 ILCS 5/22-30).
3. To indemnify and hold harmless the school district 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 by the pupil.
4. That the school may contact the physician if there are problems regarding this medication.

Parent/Guardian Signature(s) Date _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN:

MEDICATION _____ DOSAGE _____
TIME AND FREQUENCY TO BE GIVEN _____
DIAGNOSIS _____ EFFECTIVE FROM _____ TO _____
POSSIBLE SIDE EFFECTS: _____

AS THE PHYSICIAN FOR THIS STUDENT, I VERIFY THAT HE/SHE HAS BEEN TAUGHT PROPER USE OF THEIR INHALER, HAS ADEQUATE KNOWLEDGE OF THEIR ASTHMA AND HOW TO CONTROL IT, AND IS THOUGHT TO BE RESPONSIBLE ENOUGH TO KEEP THEIR INHALER WITH THEM AND USE IT PROPERLY WITHOUT SUPERVISION.

PHYSICIAN'S PRINTED NAME ADDRESS PHONE

PHYSICIAN'S SIGNATURE DATE FAX NUMBER