



Manteno Community Unit District No. 5

AUTHORIZATION AND INDEMNIFICATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION (PARENT OR GUARDIAN)

Pursuant to the *School Code*, the School District will permit the self-administration of medication by a student with asthma if the following documents are provided by the student's parent/guardian:

1. Written authorization, signed by the parent/guardian; and
2. The prescription label, which must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.

By signing this document, you authorize the School District to permit your child to self-carry and self-administer his or her asthma medication. The School District and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of the medication (including the student's self-administration of the medication), regardless of whether authorization was given by the student's parent/guardian and/or by the student's health care provider.

For purposes of this authorization and indemnification, "self-administration" means the student's discretionary use of and ability to carry his/her prescribed asthma medication.

Student's Name: _____

Student's Address: _____

Student's Date of Birth: _____ School Attended: _____

By signing below, you acknowledge and agree as follows:

- I am the parent or guardian of the student named above.
- I authorize the School District to permit the student to self-carry and self-administer his or her asthma medication.
- The student has been instructed in the use and self-administration of the medication, and the student is capable of using and self-administering the medication appropriately.
- I acknowledge that the School District and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of the medication or the student's self-administration of the medication, regardless of whether authorization was given by me and/or by the student's health care provider. I agree to indemnify and hold harmless the School District and its employees and agents against any and all claims, except claims based on willful and wanton conduct, arising out of the administration of the medication or the student's self-administration of the medication, regardless of whether authorization was given by me and/or by the student's health care provider.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (Please Print) _____

Address _____

Emergency Phone No. _____



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