

Request for Self-Administration of Asthma Medication
Health Services

Public Act 097-0361 states that students who have been diagnosed with asthma and prescribed asthma medication be permitted to carry and independently administer the medication, where appropriate. **Pursuant to Illinois School Code, (105 ILCS 5/22-30), this form must be completed, signed by the parent/guardian, and submitted to the school office on an annual basis, at the beginning of each school year.** The form will be kept on file in the office of the school nurse.

Student's Name: _____ Birth Date: _____ Grade: _____
Please Print

Name of Prescribed Medication: _____

Dosage: _____ Times to Be Given: _____

Name of Physician: _____ Phone Number: _____
Please Print

* Is MDI required prior to strenuous exercise? YES NO

I certify the above named student has been instructed in the use and self-administration of the asthma medication prescribed. I also certify that he/she understands the need for the asthma medication and the necessity to report any unusual side effects that may occur when using the medication at school to school personnel.

Further, I authorize Huntley Community School District 158 and its employees and agents, to allow my child to possess and use his/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. I agree to indemnify and hold harmless Huntley Community School District 158 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian's Name (Please Print): _____

Relationship to Student: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Name of Alternate Emergency Contact (Please Print): _____

Emergency Contact Phone Number: _____

Signature of Parent/Guardian

Date

Please complete and return to the Health Office: (1) this written authorization form; and (2) a prescription label with the name of the medication, the prescribed dosage, and the time or circumstances under which the medication is to be administered.