

University High School

Self-Medication of Asthma Medication Permission Form

On August 16, 2001, Public Act 92-402 created in the School Code a new section entitled "Self-administration of asthma medication." This Public Act takes place immediately.

"A school, whether public or nonpublic, must permit the self-administration of medication by a pupil with asthma." These conditions are as follows:

1. The medication must pertain to the pupil's asthma and have an individual prescription label.
2. The medication must be prescribed by a physician, a physician assistant or advance practice registered nurse having the authority to prescribe such medication.
3. The pupil's parents or guardians must provide the school with written authorization for self-administration of the medication ("self-administration" means that the pupil has the discretion as to the use of his or her medication).
4. The parents or guardians must also provide the school with a written statement from the pupil's physician, a physician assistant or advance practice registered nurse.

This statement must contain the following information:

- Name and purpose of the medication
- Prescribed dosage, and
- The time or times at which, or the special circumstances under which, the medication is to be administered.

This written information provided by the parent or guardian must be kept on file in the office.

Further, University High School under the aegis of the University of Illinois, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury arising from the pupil's self-administration of asthma medication. The parents or guardians of the pupil must sign a statement wherein they acknowledge that the school has no liability (except for willful and wanton conduct) as a result of the self-medication. The parents or guardians must also indemnify and hold harmless the school, along with its agents and employees, against any claims (except a claim based upon willful and wanton conduct).

The permission for self-administration is effective for the school year when granted. This permission allows the pupil with asthma to "possess and use his or her medication (i) while in school, (ii) while at a school sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property."

Student's Name _____ Birth Date _____

Address: _____

Home Phone _____ Emergency Phone _____

To be completed by the student's physician:

Name of Medication _____ For Asthma Dosage _____

The time or times at which, or the special circumstances under which, the medication is to be administered

Physician's Signature Physician's Name Printed Date

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize my child, in my behalf and stead, to self-administer the asthma medicine, while under the supervision of the employees and agents of University High School as possible, the lawfully prescribed medication as described above. I further acknowledge and agree that, when the lawfully prescribed medications is so administered or attempted to be administered, I waive any claims I might have against University High School, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify University High School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medications.

Parent(s)/Guardian(s) signature _____ Date _____

Parent(s)/Guardian(s) name (Please Print) _____