

LEMONT-BROMBEREK COMBINED SCHOOL DISTRICT 113A
PARENT NOTIFICATION AND AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION OF MEDICATION
ADDENDUM: ASTHMA AND ALLERGY MEDICATION

Student's Name _____
(last) (first) (middle)

Birth Date _____ School _____

Date _____

Per Public Act 94-0792, the following requirements shall apply to the self-administration of a student's asthma and/or allergy (epinephrine auto-injector) medication:

1. Parent/guardian submits the district's general "Authorization for Administration of Medication" form that includes the physician/prescriber's signed and dated authorization to administer the medication, setting forth the name and purpose of the medication, the prescribed dosage, time for administration and any other special related information to the administration and the parent/guardian's signed and dated authorization to administer the medication.
2. Parent/guardian submits a signed and dated "Addendum: Asthma and Allergy Medication" form (this form).
3. The medication to be administered at school is in the original labeled container as dispensed or the manufacturer's labeled container.
4. The medication label contains the student's name, the name of the medication, directions for use and date.
5. Parent/guardian will immediately notify the District in writing of changes in the authorization for administration.
6. Renewal of authorization will be annual.
7. The School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

Parent/Guardian Authorization

I hereby acknowledge that I am the parent and/or legal guardian of the above referenced student and that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I hereby authorize the School District to allow my child to self-administer his or her lawfully prescribed asthma and/or allergy (epinephrine auto-injector) medication during the following: 1) while in school; 2) while at a school-sponsored activity; 3) while under the supervision of school personnel; and 4) before or after normal school activities.

I further acknowledge and agree that the School District and its employees and agents are to incur no liability, except for willful and wanton conduct by any of the said parties, as a result of any injury arising from my child's self-administration of asthma and/or allergy (epinephrine auto-injector) medication. I further acknowledge and agree that, in the absence of willful and wanton conduct on the part of the School District and its employees and agents, I waive any claims that I might have against said parties arising out of my child's self-administration of said medication. In addition, I agree to indemnify and hold harmless the School District and its employees and agents, either jointly or severally, except claims based on willful and wanton conduct on behalf of said parties, from and against any and all claims, damages, causes of action or injuries incurred or resulting from my child's self-administration of said medication.

- Please Check:
- Please allow my child to carry his/her asthma medication during the school day and at school events.
- OR
- Please store my child's asthma medication in the school health office where my child can access the medication as needed.
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- Please allow my child to carry his/her allergy (epinephrine auto-injector) medication during the school day and at school events.
- OR
- Please store my child's allergy (epinephrine auto-injector) medication in the school health office where my child can access the medication as needed.

Parent/Guardian Name _____
Parent/Guardian Signature _____
Home Phone _____

Date _____
Work Phone _____

