

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FORM

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For only Parent(s)/Guardian(s) of students requiring asthma inhalers and/or epinephrine injectors:

Is the asthma inhaler and/or epinephrine injector required under a qualifying plan pursuant to 105 ILCS 5/10-22.21b, amended by PA 101-205, eff. 1-1-20? Yes No

Parent(s)/Guardian(s) please attach prescription label (asthma inhaler) and/or written statement (epinephrine injector) here:

For asthma inhalers, attach the prescription label with the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. 105 ILCS 5/22-30(b)(2)(i).

For epinephrine injector, attach a written statement from the student's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine injector; the prescribed dosage; and the time or times at which or the special circumstances that the epinephrine injector should be administered. 105 ILCS 5/22-30(b)(2)(ii)(A)-(C)

For only parents/guardians of students who need to self-administer medication required under a qualifying plan:

I grant permission for my child to self-administer his or her medication required under an asthma action plan, an Individualized Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by PA 101-205, eff. 1-1-20.

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Medication(s) other than asthma inhalers and/or epinephrine injectors (complete previous section) required under a qualifying plan that student is permitted to self-administer:

Medication Name: _____

Purpose: _____

Dosage _____ Frequency: _____

Time medication is to be administered and/or under what circumstances: _____

Prescription Date: _____ Order date: _____ Discontinuation Date: _____

Diagnosis Requiring Medication: _____

Is it necessary for this medication to be administered during the school day? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Prescriber's Signature _____ Date: _____

If the medication is an asthma inhaler or epinephrine injector, be also sure to complete the section on page 2 and attach the required label and/or written statement as required above.

Please initial to indicated (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.

Parent/Guardian Initials: _____

For only parents/guardians of students who need to carry and use their asthma medication or an epinephrine injector:

I authorize the School District and its employees and agents to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine injector: (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. 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-carry and self-administration of asthma medication or epinephrine injector. 105 ILCS 5/22-30, amended by Pas 100-726 and 100-799, eff. 1-1-19.

Parent/Guardian Initials: _____