

## Student Self-Administration of Asthma Medication

Fax numbers for:

Herscher High School 815-426-2957  
Herscher Intermediate School 815-426-6862

Bonfield Grade School 815-936-4125  
Limestone Middle School 815-936-4123

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please provide the following documents:

1. Written authorization signed by the parent; 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 below, you acknowledge and agree as follows:

- I am the parent or guardian of the student named above.
- My child has been instructed in the use and self-administration of the medication, and my child is capable of using and self-administering the medication appropriately.
- By signing this document, I authorize Herscher Community Unit School District #2 to permit my 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 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.
- My child may possess and use his or her medication while (1) 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.
- He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects.

This authorization is effective for the school year for which it is granted and shall be renewed each subsequent school year.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact no. \_\_\_\_\_