



Community Consolidated School District 15
580 North First Bank Drive
Palatine, Illinois 60067

EMERGENCY MEDICATION AUTHORIZATION

HOLD HARMLESS AND INDEMNITY COMMITMENT FOR ASTHMA MEDICATION/INHALER AND EPINEPHRINE AUTO-INJECTOR

This form shall be effective for the 20____–20____ school year only, and must be renewed each subsequent school year.

Student Name _____ Birthdate _____ School _____

This section must be completed by the student's parent or guardian:

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, _____, to self administer the above referenced medication at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property. (It is recommended that families keep *additional medication at school in the event that a medication is lost or forgotten by the student.*)

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense including reasonable attorneys' fees, suffered by any of the foregoing indemnitees and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication or brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the School District and foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnitees.

Parent Signature _____ Date _____

This section must be completed by the student:

I agree to:

- Demonstrate correct use of the inhaler or epinephrine auto-injector using a trainer/demonstrator to the nurse at school.
- Never share the inhaler or epinephrine auto-injector with another person.
- Notify a teacher or other responsible adult if there is not marked improvement in my breathing within several minutes after two puffs of the inhaler.
- Immediately notify a teacher or another responsible adult if I use my epinephrine auto-injector.

Student Signature _____ Date _____