



SKOKIE SCHOOL DISTRICT 68
9440 North Kenton Avenue
Skokie, Illinois 60076-1338
Telephone: 847/676-9000

SELF ADMINISTRATION OF ASTHMA OR ALLERGY MEDICATION
AUTHORIZATION
HOLD-HARMLESS AND INDEMNITY

Student's Name _____

Date of Birth _____ Home Phone Number _____

This Section MUST be completed and signed by either (i) the student's physician; (ii) physician assistant; or (iii) advanced practice registered nurse:

Licensed Prescriber's Name(Print) _____

Address: _____

Telephone: _____

Name of Medication: _____

Dosage: _____

Time & Circumstances of administration at school: _____

Side effects of medication for which student must be observed: _____

Signature of Physician, P.A. or Advanced Practice R.N.

Date

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 asthma 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.

(OVER)

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 asthma medication of and bought 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 the 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 the hold harmless commitment does not apply to willful and wanton conduct of the foregoing indemnitees.

Signature of Parent/Guardian Date

This form shall be effective for the 2010 – 2011 school year only, and MUST be renewed each subsequent school year.

(OVER)