

LIBERTYVILLE SCHOOL DISTRICT 70
LIBERTYVILLE, IL 60048

· *Adler Park School* · *Butterfield School* · *Copeland Manor School* ·
· *Rockland School* · *Highland Middle School* ·

SELF ADMINISTRATION MEDICATION FORM

Student: _____

Date of Birth: _____ Grade: _____

The above named student has: _____
Name of condition or disease

I am requesting that the above named student must **self medicate** and/or **carry** the following either asthma medication or epinephrine auto-injector medication during school hours (please circle one or both above).

I certify that _____ has been instructed in the use
Name of student

and self-administration of _____
Name of medication

The above named student has shown a return demonstration of the administration of the above medication.

Yes or No

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He / she is capable of using this medication independently. The school will be notified of changes in the medication or condition.

District #70 and 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 or the use of an epinephrine auto-injector by the pupil. The parent/legal guardian will indemnify and hold harmless District #70 and employees and agents arising out of the self-administration of medication or use of an epinephrine auto-injector by the pupil.

Print Name of Physician

Date

Signature of Physician

Signature of Parent/Guardian