



**NORRIDGE SCHOOL  
DISTRICT 80**

## Authorization for Student Self-Medication Form

The attached two forms are required if a student has authorization to self-administer asthma medication and/or an Epinephrine Auto-Injector.

School Year \_\_\_\_\_

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Physician, Physician Assistant or Advanced Practice RN Authorization:

I certify that this student has been instructed in the use and self-administration of their emergency asthma medication and/or Epinephrine auto-injector (or EpiPen)). The student understands the need for the medication and the necessity to report to school personnel any utilization of the medication and/or any usual side effects. The student has been given instructions and is capable of using this medication independently.

1. Will the student self carry medication

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Will a second set of medication be kept in the health office at school?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Prescriber's Emergency Phone Number

\_\_\_\_\_  
Prescriber's Address

# Authorization for Student Self-Medication Form

## Parent Authorization:

I hereby acknowledge my child 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 I provide an additional dose of the medication to be kept at school in the event that a child forgets or loses the medication.

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 attorney's fees, suffered by any of the foregoing and arising out of a claim related directly or indirectly to my child's self-administration of the above referenced medication or bought by me, any other parent or guardian of my child or another student, or by or on behalf of my child or another student. I understand that the School District and foregoing individuals are to incur no liability as a result of any injury arising from the self-administering of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing.

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Parent's Signature

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Date Signed

## Student Authorization:

I agree to:

- Demonstrate correct use of the inhaler or Epinephrine auto-injector using a trainer/demonstrator to the registered nurse at school.
- Never share the inhaler or Epinephrine auto-injector with another person.
- Notify the teacher or 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 responsible adult if I use my Epinephrine auto-injector.