

Woodstock Community Unit School District 200
Self-Administration Asthma and Epinephrine policy

Your child's school has received your request for self-administration of _____, a medication, for your child _____.

State law requires that we inform the parents or guardians of the student, in writing, that the school district and its 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 by the student.

Before we can allow your child _____ to self-administer the medication, we must ask that you sign and return a copy of this document. *

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma or conditions that require epinephrine may possess and use his/her medication while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care is on school-operated property. We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication.

I _____
parent or guardian of _____, acknowledge that Woodstock Community Unit School District 200 and its 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 by the above named student. I indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student.

Signed _____
Date _____
Witness _____

* Please complete and return both forms. Thank you.

Woodstock Community Unit School District 200
Physician Request For Self-Administration of Medication

Name of Student

Birthdate

Address

City

Zip

Telephone Number

TO

Principal _____

School _____

The above named pupil has _____
(Name of Disease or Syndrome)

I am requesting that the above named student take the following medication

During school hours.

Name of Medication

Type of Medication

Dosage

Time(s) to be given

Possible Side Effects

I certify that _____ has been instructed in the use and self-administration of

(Name of Medication)

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.

I may be reached at the following phone# in the event of a reaction to the medication or an emergency:

Phone Number of Physician

Signature of Physician

Date

Address of Physician

Print Name of Physician

Date

Self- Administration Asthma Policy

On August 16, 2001, Governor George H. Ryan signed legislation allowing Illinois public and private school children to carry and self-administer prescribed asthma medications. Woodstock Community Unit School District 200 requires that a parent or guardian complete the parent waiver for self-administration of medication along with the physician request for self-administration of medication. These forms must be turned into the school nurse in order for your child to carry his/her inhaler at school. The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year. A student with asthma may possess and use his/her medication while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before- school or after-school care is on school-operated property. We recommend that you provide an additional dose of the medication to be kept in the nurses' office in the event that your child forgets or loses his/her medication.

Self-Administration Epinephrine Policy

On May 19, 2006, Governor Blagojevich amended the self administration asthma legislation to include epinephrine auto-injectors (epi-pens). This amendment allows Illinois students in public and private schools to carry and self-administer prescribed epinephrine auto-injector medication. Woodstock Community Unit School District 200 requires that a parent or guardian complete the parent waiver for self-administration of medication along with a physician request for self-administration of medication. These forms must be turned into the school nurse in order for your child to carry his/her inhaler at school. The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year. A student who is prescribed epinephrine auto-injector medication may possess and use his/her medication while in school, at a school sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care is on school operated property. We recommend that you provide an additional dose of the medication to be kept in the nurse's office in the event that your child forgets or loses his/her medication.