

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 _____