

Parental Authorization

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Lyons Township High School District 204 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District) , medication according to School Board Policy (5.14.1) and Medication Authorization Form.
2. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices.
3. I acknowledge the student is responsible for having the medication available as needed and the student has demonstrated competency in the proper way to use the medication.
4. For parent(s)/ guardian(s) of students who use rescue inhalers and/or Epipens: I authorize the school district and its employees and agents to allow my child or ward to possess and use his/her asthma medication and/or epinephrine auto-injector as directed by physician: (1) while in school (2) while at a school-sponsored activity, (3) while under the supervision of school personnel (4) before or after normal school activities (5) while on school-operated property. Illinois law requires the School District to inform parent(s)/ guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).
5. To indemnify and hold harmless the School District 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 pupil.
6. **It is incumbent of the parent(s)/guardians(s) to provide the school's health office with any changes or status updates.**

Parent/Guardian's Signature:

Parent/Guardian's Emergency Phone Number:
