



Administrative Center · 800 Game Farm Road · Yorkville, Illinois 60560 · 630-553-4382 · y115.org

**SCHOOL SELF-MEDICATION AUTHORIZATION FORM FOR**  
**INHALERS**

*To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year and is kept in the school nurse's office.*

Section 22-30 of the School Code permits a student's self-administration of asthma medication upon the authorization and request of a parent or guardian. Self-administration means the student's discretionary ability to use and carry his or her medication. For **inhalers**, this form must be accompanied by the medication's **prescription label**, which must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

The undersigned parent or guardian, authorize and request the School District and its employees and agents, to allow the above named student to possess and use his or her asthma medication: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. The above named student understands the need for such medication and has been instructed in its use.

Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, including physicians are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication regardless of whether authorization was given by the parent, guardian, or by the student's physician, physician assistant, or advance practice registered nurse. Additionally, Illinois law requires that the parent(s)/guardian(s) agree to indemnify 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, regardless of whether authorization was given by the parent, guardian, or by the student's physician, physician assistant, or advance practice registered nurse [105 ILCS 5/22-30(c)].

If you agree, please sign here:

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent Date