

HOMER COMMUNITY CONSOLIDATED SCHOOL DISTRICT 33C
**PARENT AND STUDENT CONSENT FORM FOR SELF-CARRY and
SELF-ADMINISTRATION OF ASTHMA MEDICATION**

I, _____, the parent or legal guardian of
_____, state this day, _____ 20_____,
that I am a resident of Homer Community Consolidated School District 33C, and my
child is enrolled in the School District. I further state that my child has asthma and has
been prescribed asthma medication by a qualified health care professional.

I hereby authorize my child to self-carry and self-administer his/her asthma medication
during school hours, (including on the bus), at school related activities, under the
supervision of school personnel and before or after normal school activities. I have
provided the School District with a written statement from the physician who prescribed
the asthma medication for my child.

I acknowledge that the School District will not be held responsible for any injury to my
child that results from his/her self-administration of asthma medication, unless the School
District, its employees, or its agents are found to have engaged in willful and wanton
conduct.

I agree to indemnify and hold harmless the School District, its employees and its agents
against any claims, except a claim based on willful and wanton conduct, arising out of
my child's self-administration or lack of self-administration of asthma medication,
regardless of whether authorization was given by the pupil's parents or guardians or by
the pupil's physician, physician's assistant or advanced practice registered nurse.
(105 ILCS 5/22-30)

PARENT/GUARDIAN SIGNATURE: _____

Parent /Guardian of: _____

In lieu of Doctor's orders you must provide the prescription label. The label must contain
the student's name, the name of the medication, the prescribed dosage, and the time at
which or circumstances under which the medication is to be administered. Attach here.

HOMER COMMUNITY CONSOLIDATED SCHOOL DISTRICT 33C
**PARENT AND STUDENT CONSENT FORM FOR SELF-CARRY and
SELF-ADMINISTRATION OF ASTHMA MEDICATION**

I, _____, state, this day _____ 20____, that I am a student enrolled in Homer Community School District 33C. I further state that I have asthma and have been prescribed asthma medication by a qualified health professional.

I hereby agree to the following rules for self-carry and self-administration of asthma medication:

1. I will demonstrate proper use of a prescribed inhaler to the school nurse or other school employee designated to administer medication, **before** self-administering the medication at school.
2. I will **never** share my medication with another person.
3. If I do not experience a marked improvement after two puffs of a prescribed inhaler, I will immediately see the nurse or other school employee designated to administer medication.

I understand that if I am found abusing my asthma medication by overdosing or sharing it with others, the medication will be taken to the health office and my parent/guardian will be notified.

STUDENT SIGNATURE: _____