Bannockburn School District 106
Self-Administration Medication Authorization

A new form must be completed every school year. A separate form must be completed for multiple medications.

I give permission for my child _____ to carry and self administer the medication described below.

Name of Medication: _____

Dose: _____

Under what circumstance should student take medication:_____

For epinephrine autoinjectors: the parent must also provide either a medication permission form or an anaphylaxis emergency plan signed by the physician, physician assistant, or advanced practice nurse.

For asthma medication: the parent must provide a copy of the prescription label of the medication. The label must include the medication name, the dose, and the circumstances under which the medication is taken.

I authorize the School District and its employees and agents to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (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. 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).

If you agree, please sign:

_____ _____
Parent/Guardian printed name Parent/Guardian printed name

_____ _____
Parent/Guardian signature* Date Parent/Guardian signature* Date

*Both parents and/or guardians, if available, should sign.