COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 15

SELF-CARRY and SELF-ADMINISTRATION of MEDICATIONS

School Year: _____

STUDENT NAME		**DATE OF BIRTH**	
SCHOOL		**GRADE**	
EMERGENCY CONTACT		**PHONE NUMBER**	

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my child to self-administer the referenced medication at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property.

CCSD15 Health Services recommends that you provide an additional dose of any emergency medication to be kept in the health office in the event that your child forgets or loses their medication

Medication:		**Dosage:**	
Directions:		**Route:**	
Diagnosis:		**Allergies:**	

Through my consultation with the below-named parent/guardian, as well as my own assessment of the Student, I have determined the Student is able to identify their correct medication, demonstrate correct self-administration of the above-listed medication, and has knowledge of the required dosage and use of medication. The Student has knowledge of their condition and is sufficiently responsible and able to properly carry and self-administer the medication during the school day. The Student has been instructed in the purpose, appropriate method, and frequency of use of the medication and is capable of self-administering the Medication. Staff may assist a student or administer medication if the Student is having difficulty.

Health Care ProviderSignature: _____ **Date:** _____

(provider signature not required if parent has provided an Albuterol Inhaler in its original pharmaceutical packaging with the original prescription label affixed)

Parent/Guardian must complete and sign this form and agree to provide the following to the health office:

☐ Medication must be clearly labeled with the Student's Name and kept in the original pharmacy package

☐ A completed Medication Authorization Form, Emergency Action Plan, **or** copy of the Albuterol Inhaler prescription label

I authorize and recommend self-possession and/or self-administration by my child for the above medication. I also affirm that they have been instructed in the proper self-possession and/or self-administration of the prescribed medication by their physician. My child knows how to self-administer the prescribed medication, and when to tell an adult if they are experiencing symptoms. Although my child knows how to self-administer, they may be unable to do so in the event of an emergency. In that situation, trained school staff will administer the medication and will follow district emergency procedures. I shall indemnify and hold harmless CCSD15, their staff members, and any of their agents against any claims that may arise relating to my child's self-possession and/or self-administration of the prescribed medication.

Parent Signature _____ **Date** _____

The student must complete this section:

I agree to:

- Demonstrate correct use of the emergency medication to the registered nurse at school.
- This medication is for my use only; I will never share the medication with another person and I will use it according to instructions.
- Immediately notify a teacher, school nurse, or another responsible adult if I use my emergency medication
- Notify a teacher, staff member, or the health office if I continue to have symptoms after administration
- I agree that failure to abide by the terms of this agreement may result in disciplinary action and/or the loss of the ability to self-carry

Student Signature _____ **Date** _____

Nurse Signature _____ **Date** _____