

Request for Self-Administration of Asthma Medication

Health Services

Public Act 097-0361 states that students who have been diagnosed with asthma and prescribed asthma medication be permitted to carry and independently administer the medication, where appropriate.

Pursuant to Illinois School Code, (105 ILCS 5/22-30), this form must be completed, signed by the parent, and submitted to the school office on an annual basis, at the beginning of each school year, or as the need for the administration of medication becomes necessary. Please also provide a prescription label with the name of the medication, the prescribed dosage, and the time or circumstances under which the medication is to be administered.

The form will be kept on file in the office of the school nurse.

School: _____

Student's Name: _____ Birth Date: _____ Grade: _____
Please Print

Name of Prescribed Medication: _____

Dosage: _____ Times to Be Given: _____

Name of Physician: _____ Phone Number: _____
Please Print

*** Is MDI required prior to strenuous exercise?** ☐ YES ☐ NO

I certify the above named student has been instructed in the use and self-administration of the asthma medication prescribed. I also certify that the student understands the need for the asthma medication and the necessity to report any unusual side effects to school personnel that may occur when using the medication at school.

Further, I authorize Huntley School District 158 and its employees and agents, to allow my child to possess and use the prescribed asthma medication: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) while attending before or after normal school activities, such as before-school or after-school care on school-operated property. I agree to indemnify and hold harmless Huntley School District 158 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication. I also give my permission to Huntley School District 158 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name: _____ Relationship: _____
Please Print

Work Phone: _____ Cell Phone: _____

Signature of Parent

Date