

To be completed by parents.

**Authorization for the Self-Administration of Medication
for
Students with Asthma**

To: _____
(Name of Parish School)

The undersigned, _____, (hereinafter "Parent(s)")
(Name of Parent or Parents)
are the parent(s) of _____, (hereinafter "Student") who is in the _____ grade
(Name of Student)
at _____ (hereinafter "School").
(Name of School)

Parent(s) of Student hereby authorize(s) and direct(s) the School to allow my/our child, Student, to self-administer asthma medication pursuant to the written statement of my/our child's medical provider, a copy of which is attached hereto.

Parent(s) of Student acknowledge that this Authorization is being provided pursuant to the Illinois School Code (105 ILCS 5/22-30). In addition, Parent(s) acknowledge(s) that my/our child, Student, has the ability to properly self-administer such medication as prescribed by my/our child's medical provider. Parent(s) also acknowledge(s) that by signing this Authorization, he/she/we are aware that he/she/we must also sign a statement acknowledging that School will not incur any liability for such self-administration, except for willful and wanton conduct with regard to any injury resulting to my/our child. Moreover, Parent(s) acknowledge(s) that they are required to sign an Indemnification and Hold Harmless Agreement with regard to the self-administration of asthma medication by my/our child.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The Parent(s) hereby agree to indemnify, defend, and hold harmless the School, _____ and the Roman Catholic Diocese of Joliet,
(Name of Parish)
its administrators, servants, employees, agents, successors, and assigns (collectively "School Affiliates"), both in their capacities as representatives of the School, the Parish and/or the Diocese of Joliet, and as individuals, from and against any loss, actions, responsibilities, obligations, liability, damages, expenses, or claims with regard to the self-administration of asthma medication by my/our child, _____, or any other liabilities which may be incurred by or asserted against any of the School Affiliates, directly or indirectly resulting from the self-administration of asthma medication by my/our child, _____, with the exception
(Name of Child)
of willful and wanton conduct on the part of any School Affiliates.

Date: _____

Date: _____

To be completed by medical provider as listed in item 2.

**Written Certification from Licensed Healthcare Provider
for
Students with Asthma**

1. The undersigned is the healthcare provider of _____
(Name of Child)

2. The undersigned is a _____ Physician, _____ Physician Assistant, or _____ Advance Practice Registered Nurse, who provides medical treatment to the above-named child.

3. The patient, _____, is being treated by me for asthma.
(Name of Child)
 - a. With regard to such treatment, the following medication has been prescribed:

(Name of Medication)

 - b. The prescribed dosage of such medication is as follows: _____

 - c. The time or times at which the medication shall be taken is: _____

 - d. Special circumstances, if any, under which the medication is also to be administered is as follows: _____

4. My patient _____ is able to self-administer the
(Name of Child)
above-referenced medication in the prescribed dosage and the prescribed times as outlined above.

Date: _____

Signature of Healthcare Professional

Printed Name of Healthcare Professional

Name of Office of Healthcare Professional

Company Address