

KEWANEE COMMUNITY UNIT SCHOOL DISTRICT 229
MEDICATION SELF ADMINISTRATION - POLICY STATEMENT / AGREEMENT
(For Asthma / Allergy Medications – Inhalers / Epinephrine Auto-Injectors)

Date

Dear Parent/Guardian,

The Kewanee Community Unit School District 229 has received a request for self administration of _____, an asthma medication / allergy (name of medication/s) medication for your child _____ (child's name).

Illinois State law requires that we inform the parent or guardian of the student, in writing, that the School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

Before the School District can allow your child to self-administer the medication, it is necessary for you to sign and return a copy of this policy / agreement.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent year upon fulfillment of the requirements outlined in the medication guidelines and this policy statement/agreement. A student with asthma or severe allergy (i.e., bee sting) may possess and use his/her medication while in school, while at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care on school-operated property. The School District recommends that you provide an additional dose of the medication to be kept at school (nurse's office) in the event that your child forgets or loses his/her medication.

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I, _____, parent/guardian of
(parent/guardian name)
_____, give permission for my child
(child's name)

to carry and self administer the medication/s listed below. I will notify the school of any changes in medication or my child's condition.

NAME OF MEDICATION	DOSE	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____

Furthermore, I acknowledge that the Kewanee Community Unit School District 229 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self administration of medication by the above named student. I indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self administration of medication by the student.

PARENT/GUARDIAN SIGNATURE _____

DATE _____