



Glen Ellyn School District 41: Ignite Passion. Inspire Excellence. Imagine Possibilities.

**ASTHMA MEDICATION AUTHORIZATION
HOLD HARMLESS AND INDEMNITY**

This section must be completed and signed by either 1) the student's physician, 2) physician assistant, or 3) advanced practice registered nurse

Student Name: _____

Date of Birth: _____ Grade: _____ School: _____

Name of Medication: _____

Purpose of Medication: _____

Prescribed Dosage: _____

Time at which or special circumstances under which the medication is to be administered: _____

I certify that _____ has been instructed in the use and self-administration of this medication. He/She understands the need for the medication and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently.

*Signature of physician, physician's assistant,
or advanced practice registered nurse*

Date of Signature

This section must be completed by the student's parent or guardian

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 (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. I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my child/ward's self administration of the above referenced asthma medication. I understand that the School District and the foregoing individuals are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self administration of medication (105 ILCS 5/22-30).

Parent/Guardian Signature

Date of Signature

Phone: (home) _____ (work) _____ (cell) _____

We make a difference. We embrace change together. We are a true team of professionals. We build the future.