



River Grove School

Emergency & Self Administration of Medication

Student's Name (Last) (First) (Middle) Birthdate / / Date

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize River Grove School District 85.5 and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child or allow my child to self-administer, while under the supervision of the employees and agents of the School District, lawfully prescribed medication in the manner described above.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school health aide, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify School District 85.5, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Home Phone Number

Parent's Address

Emergency Phone Number

Date

ONLY parents/guardians of students who need to self-administer asthma medication or an epinephrine auto-injector:

I authorize School District 85.5 and its employees and agents, to allow my child or ward to self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector: (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. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

Please initial below to indicate (a) receipt of this information, and (b) authorization for your child to self-administer his or her asthma medication or epinephrine auto-injector.

Please initial