



**BLOOMINGDALE SCHOOL DISTRICT 13**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Date of Birth

**FOR ALL PARENTS/GUARDIANS:**

**Parental authorization to administer medication at school:**

By signing below, I agree 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 Bloomingdale School District 13 and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, pursuant to state law, while under the supervision of the employees and agents of the School District), lawfully prescribed medications in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith that my child is having an anaphylactic reaction whether such reactions are known to me or not (105 IL CS 5/22-30, amended by P.A. 98-795). 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 nurse and specifically consent to such practices, and I agree to 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 administration or the child's self-administration of medication.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARENTS/GUARDIANS of students who need to carry  
and use their asthma medication or an epinephrine auto-injector:**

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

**Please initial to indicate a) receipt of this information, and b) authorization for your child to carry and use his/her asthma medication or epinephrine auto-injector.**

Parent/Guardian Initial: \_\_\_\_\_