

Riverton Community Unit School District #14

PHYSICIAN REQUEST AND PARENT AGREEMENT FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION.

This permission allows the above named student to possess and use his/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 before or after school care, on school-operated property.

PHYSICIAN* REQUEST:

The above named student has asthma. I am requesting that this student take the above medication during school hours. I certify that the student named above has been instructed in the use and self-administration of the asthma medication listed above and that he/she understands the need for medication and the necessity to report to school personnel any unusual side effects.

(Signature of Physician)

(Date)

(PRINT Name of Physician)

(Telephone Number)

(Address of Physician)

*(physician, physician assistant, or advanced practice registered nurse)

PARENT AGREEMENT:

I agree to have my student self-administer his/her own asthma medication and I acknowledge that the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of asthma medication by my child. 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 asthma medication by my child.

I will notify the school of changes in medication.

I will notify the school of changes in my child's condition, in writing.

I will notify the school in writing if the medication is discontinued.

I give permission for the school nurse/building principal to contact the above physician in regard to any medication concerns.

I realize that I will need to complete this form at the beginning of each school year that the student will be self-administering their asthma medication.

(Parent/Guardian Signature)

(Date)

(Daytime Phone)