



Ball-Chatham Community Unit School District No. 5

201 W. Mulberry Street, Chatham, Illinois 62629 ♦ Phone 217/483-2416 ♦ Fax 217/483-2940 ♦
www.chathamschools.org

ASTHMA/ANAPHYLACTIC REACTION MEDICATION SELF-ADMINISTRATION FORM

The school, by law, must permit the self-administration of medication for asthma or anaphylactic reaction by a pupil once certain conditions have been met.

- The medication must pertain to the pupil's asthma or anaphylactic response and have an individual prescription label.
- A physician, physician assistant, or advance practice registered nurse having authority to prescribe such medication must prescribe the medication.
- The pupil's parents or guardians must provide the school with written authorization for self-administration of the medication ("self-administration" means that the pupil has the discretion as to the use of his or her medication).
- The parents or guardians must also provide the school with a written statement from the pupil's physician, physician assistant, or advance practice registered nurse. This statement must contain the following information. (You may have the above stated health care professional complete this form, complete the bottom portion and return to the school.)

1. Name and purpose of the medication. _____
2. Prescribed dosage. _____
3. The time or times at which, or the special circumstances under which the medication is to be administered. _____
4. Physician certifies that student has capability to carry and self-administer the above medication.

Physicians Signature	Print Name	Phone number	Date
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The Ball-Chatham CUSD #5 or any of the Schools of the District, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury arising from the pupil's self-administration of asthma or anaphylactic response medication. The parents or guardians of the pupil must sign below acknowledging that the District or school has no liability (except for willful and wanton conduct) as a result to the self-medication. The parents or guardians by their signature indemnify and hold harmless the district or school, along with its agents and employees, against any claims as a result to the self-medication (except a claim based upon willful and wanton conduct).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____