



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

SELF-ADMINISTRATION OF ASTHMA MEDICINE BY STUDENT

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To: Minooka Community High School District 111

For: 2015~2016 School Year

**Pursuant to the *School code***, the School District will permit the self-carry and self-administration of asthma medication by a student when the following information is provided.

1. Written authorization signed by the parent/guardian
2. The prescription label clearly affixed to the inhaler.

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician Name \_\_\_\_\_ Office Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Medication \_\_\_\_\_

The undersigned, being the parent/guardian of the student named above authorizes, Minooka Community High School District 111 to permit the student to self-administer his/her asthma medication. I acknowledge that Minooka Community High School District 111 and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student's self-administration of the medication. I agree to indemnify and hold harmless Minooka Community High School District 111 and its employees and agents any and all claims, except claims based on willful and wanton conduct, arising out of the self-administration of medication by the student.

\_\_\_\_\_  
*Parent/Guardian (Print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Emergency Contact Number*