

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS  
EMERGENCY MEDICATION AUTHORIZATION  
(Rescue inhaler, epinephrine auto injector, or diabetic care supplies)

HOLD HARMLESS AND INDEMNITY

This section must be completed and signed by a physician, physician assistant, or advanced practice nurse.

Name of Student: \_\_\_\_\_

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

Purpose of Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_

Time at which or special circumstances under which the medication is to be administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of MD, DO, PA, or, NP

Date

\* (If the pharmaceutical label is on the inhaler/box with all identifying information and the student is completely independent with the use of inhaler, a physician's signature is not required.)

This Section must be completed by the student's parent or guardian:

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, \_\_\_\_\_, to self-administer the above-referenced rescue inhaler, epinephrine auto injector, or insulin. I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the School District and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration or administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities.

Please check one box for emergency medication administration:

My child can self-administer the above physician-ordered emergency medication without supervision.

My child can self-administer the above physician-ordered emergency medication but will require supervision or assistance.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*This form shall be effective for one school year.*

*Revised 9/21/2017*