



Learn Fearlessly | Lead Responsibly | Serve Joyfully

ASTHMA AND EPINEPHRINE AUTO-INJECTOR GUIDELINES AND POLICIES

Asthma is the most common chronic condition of childhood. Comprehensive, individualized asthma education focuses on improving medical management which means recognizing and responding to attacks and medication.

A Doctor's signature is no longer required for a student to carry and self-administer an asthma inhaler in school. Only parent permission and prescription label are necessary.

Section 5. (105 ILCS 5/22-30) The School Code Is amended by changing Section 22-30 as follows:
Section 22-30. Self-administration of medication.

- In this section: "Asthma inhaler" means a quick reliever asthma inhaler.
- "Epinephrine auto--injector" means a medicine, prescribed by 1) a physician licensed to practice medicine in all its branches, 2) a physician assistant who has been delegated the authority to prescribe asthma medications by his or her supervising physician, or 3) an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that delegates the authority to prescribe asthma medications, for a pupil that pertains to the pupil's asthma and that has an individual prescription label.
- "Self-administration" means a pupil's discretionary use of and ability to carry his or her prescribed asthma medication.

A school, whether public or nonpublic, must permit the self-administration of medication by a pupil with asthma or the use of an epinephrine auto-injector by a pupil, provided that:

- the parents or guardians of the pupil provide to the school written authorization from the parents or guardians for the self-administration of medication or
- for use of an epinephrine auto-injector, written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and
- the parents or guardians of the pupil provide to the school: the prescription label, which must contain the name of the medication, the prescribed dosage and the time at which or circumstances under which the medication is administered, or
- for use of an epinephrine auto-injector, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:
 1. the name and purpose of the epinephrine auto-injector
 2. the prescribed dosage; and
 3. the time or times at which or the special circumstances under which the epinephrine auto-Injector is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

Reference: <http://www.ilga.gov/legislation/publicacts/97/PDF/097-0361.pdf>

Sample Plans: http://www.nhlbl.nih.gov/files/docs/resources/lung/asth_sch.pdf

The School is required to inform the parents or guardians, in writing, that the School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or the use of an epinephrine auto-injector by the student.

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AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION

I/WE _____, parent(s) and/or guardian(s) of _____,
(Please print) *(Please print)*

a student at St. Benedict Preparatory School, hereby request and authorize the School to permit my/our child to self-administer asthma medication as prescribed by our child's physician, physician assistant, or advanced practice registered nurse.

_____ Parent/Guardian written permission & prescription label must be received by the school.
(Please Initial)

Date: ____/____/____

I/WE further acknowledge that this nonpublic school is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the student regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse. As parent(s) or guardian(s), I/WE indemnify and hold harmless this nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or use of an epinephrine auto-injector by the student regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse.

I/WE understand that any abuse of this right by the student or endangerment of another student or students by means of the student's possession of this medication may result in appropriate disciplinary action.

The permission for self-administration of medication or use of an epinephrine auto-injector is effective for the school year for which it is printed and shall be renewed each subsequent school year upon fulfillment of the requirements of section ILCS 5/22-30 of the Illinois School Code.

Provided the above requirements are met, a student with asthma may possess and use his or her medication or a student may possess and use his or her auto-injector while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, in before or after care on school-operated property.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

**The completed form is to be filed in the student's Health file in the school.
Copies of both pages should be given to the parent/guardian.**