

Alton Community Unit School District #11
Asthma Medication Authorization Form
To be filed at the student's school building

Student's Name	<input type="text"/>	Birth Date	<input type="text"/>
Address	<input type="text"/>		
Home Phone	<input type="text"/>	Emergency Phone	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
		Teacher	<input type="text"/>

Name of Medication

A Physician's signature is no longer required on the Medication Authorization Form for use of an **asthma inhaler only**. However, the Parent/Guardian signature is still required and there must be a prescription label **on the inhaler itself** (not just on the box) in order to ensure the inhaler is prescribed for the student carrying it.

In accordance with the New Asthma Action Plan Law, an Asthma Action Plan **MUST** be provided to the school for all students with asthma. Please request an Asthma Action Plan from your doctor.

I confirm that I am primarily responsible for the administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Alton Community Unit School District #11 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. The School Nurse caring for my child may communicate with the prescribed physician regarding medications or health issues relating to this medication. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s) / Guardian(s) Signature

Parent(s) / Guardian(s) Name

(Please Print)

Date