

For parent(s)/guardian(s) of students who have asthma:

I authorize Immanuel Lutheran School and its employees and agents, to allow my child or ward to possess and use his or her asthma medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the Immanuel Lutheran School to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105ILCS 5/22-30).

If you agree please initial:

Parent(s)/Guardian(s) initial

By signing below, I agree:

1. That I am primarily responsible for 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 Immanuel Lutheran School 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 Immanuel Lutheran School), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by non-medical professions, and specifically consent to such practices, and

2. To indemnify and hold harmless Immanuel Lutheran 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 by the pupil.

Parent/Guardian printed Name

Parent/Guardian printed name

Parent/Guardian signature*

Parent/Guardian signature*

Date

*Both parents and/or guardians, if available, should sign