

**AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA OR EPIPEN
MEDICINE**

Dear Parents or Guardians,

You may request and authorize St. Thomas School to permit a student in your care and custody to self-administer asthma medication or epipen medication prescribed by the student's physician. If this is allowed, you must understand that the School, the parish of which it is a part, the employees and agents of the school, the Diocese of Springfield in Illinois, and the bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

In order to allow this, the school, in accord with the state statute, requires all of the following before it can give effect to your request and authorization:

1. A written authorization from the parents or guardians of the student.
2. A statement, contained in our authorization form, that the parents or guardians:
 - acknowledge that School, the parish of which it is a part, the employees and agents of the School, the Diocese of Springfield in Illinois, and the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student; and
 - agree to indemnify and hold harmless School, the parish of which it is a part, the employees and agents of the School, the Diocese of Springfield in Illinois, and the Bishop of Springfield in Illinois.
3. A written statement from the physician, physician assistant, or advanced practice registered nurse must contain the following information:
 - the name of the student/patient;
 - the name and purpose of the medication;
 - the prescribed dosage; and
 - the time or times at which, or the special circumstances under which, the medication is to be administered.

Parents and guardians also must understand that, as a matter of our discipline policy, any abuse of this statutory right by a student and/or any endangerment of other students as a result of a student possessing this medicine may result in appropriate disciplinary action by the School.

If you have any questions about this, do not hesitate to contact me. If you wish to see a copy of the statute, please contact me.

Sincerely,
Mrs. Jill Bierman,
Principal

306 W. Jourdan Street
P.O. Box 26
Newton, Illinois 62448
Phone (618) 783-3517
Fax (618) 783-2224

AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICINE

I, _____ or we, _____ and

_____, parents or guardians of _____
(hereinafter "Student"), a student at St. Thomas School (hereinafter School), hereby request and authorize School to permit Student to self-administer asthma medication prescribed by the Student's physician, physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the Student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to the School. We (I) understand that this authorization will not be effective and the School cannot act upon it until the School has received the above-described written statement from the Student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by Student.

We (I) hold harmless and indemnify the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the Student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

This authorization is effective only for the School Year _____.

Date: _____

Signature of Parent or Guardian

Signature of Parent or Guardian

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AUTHORIZATION FOR SELF-ADMINISTRATION OF EPIPENS

I, _____ or we, _____ and

_____, parents or guardians of _____
(hereinafter "Student"), a student at St. Thomas School (hereinafter School) hereby request and authorize School to permit Student to self-administer epipen medication prescribed by the Student's physician, physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the Student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to the School. We (I) understand that this authorization will not be effective and the School cannot act upon it until the School has received the above-described written statement from the Student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by Student.

We (I) hold harmless and indemnify the School, the Parish of which it is a part, their agents and employees, the Diocese of Springfield in Illinois, the Bishop of Springfield in Illinois against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the Student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

This authorization is effective only for the School Year _____.

Date: _____

Signature of Parent or Guardian

Signature of Parent or Guardian