

PLEASE READ THIS DOCUMENT CAREFULLY AS YOU ARE WAIVING CERTAIN LEGAL RIGHTS YOU MAY OTHERWISE HAVE

RELEASE AND HOLD HARMLESS FOR MEDICATIONS

To be completed by Parent or Guardian:

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event of a medical emergency, or if necessary, for the critical health and well-being of my child, I hereby authorize the **NEW LENOX SCHOOL DISTRICT** and its employees and agents, on my behalf and stead, to administer or to attempt to administer medication to my child during school hours.

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.

I understand that my child is expected to be compliant in the medication treatment plan as ordered by the physician. I further acknowledge and agree that, when lawfully prescribed medication(s) is so administered or attempted to be administered or is self-administered by my child, I waive any claims I might have against the School District, release and hold the District, its employees and agents either jointly or severally, harmless 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/Guardian Name (please print)

Phone (Home)

I further represent to the School District that my child ف is ف is not (check one) capable of self- administering the medication.

Parent/Guardian Signature

Date

Phone (Work)

For parent(s)/guardian(s) of students with physician permission to carry inhalers:

I authorize the School District 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 School District to inform parent(s)/ guardian(s) that it, and its employees and agents, incur no liability, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please sign:

Parent(s)/Guardian(s) signature