

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

MEDICATION HOLD HARMLESS AND INDEMNITY

(Rescue inhaler, epinephrine auto injector, pancreatic enzymes, or diabetic care supplies)

Authorization to self-carry and administer or self-carry only

This section must be completed and signed by a physician, physician assistant, or advanced practice nurse.

Name of Student: _____

Name of Medication: _____

Diabetic Supplies: Glucometer Lancets Test Stripes Insulin Pump/Syringe
 Needle Tips Glucose Tabs Glucagon Other _____

Purpose of Medication: _____

Prescribed Dosage: _____

Time at which or special circumstances under which the medication is to be administered:

Signature of MD, DO, PA, or, NP

Date

If the pharmaceutical label is provided all identifying information and the student is completely independent with the use of an inhaler or epinephrine auto injector, a physician's signature is not required.

This Section must be completed by the student's parent or guardian.

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code and Care of Students with Diabetes Act 105 ILCS 145, I hereby authorize my son/daughter, _____, to self-administer the above-referenced rescue inhaler, epinephrine auto injector, pancreatic enzymes, or diabetic care supplies. I agree to indemnify and hold harmless the School District, its Board of Education, the Board's members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the School District and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration or administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities.

Please check one box for emergency medication administration:

My child can independently self-administer the above physician-ordered emergency medication.

My child will require supervision or assistance to self-administer the above physician-ordered emergency medication.
(Epinephrine Auto Injectors and Glucagon Only)

Parent/Guardian

Date

This form shall be effective for one school year.