

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

2123 S. Arlington Heights Road * Arlington Heights, IL 60005 847-593-4300

HOLD HARMLESS AND INDEMNIFICATION FOR THE SELF-ADMINISTRATION OF ASTHMA MEDICATION AND/OR POSSESSION OF AN EPINEPHRINE AUTO-INJECTOR (Epi-Pen®)

This Section must be completed and signed by either: (i) the student's physician; (ii) physician assistant; or (iii) advanced practice registered nurse:

Name of Student:			
Name of Medication:			
Purpose of Medication:			
Prescribed Dosage:			
Time at which or special circumstand	ces under which the me	edication is to be ad	ministered:
Signature – Physician, Physician Ass or Advanced Practice Registered Nu		Name I	Date
This Section must be comp	oleted by the student	s parent or guardi	an.
Pursuant to the authority granted ur Code, I hereby authorize my son/da above referenced asthma medicatior	nder Section 105 ILCS aughter, n and/or epinephrine au	5/22-30 of the Illin , to self-adm uto-injector (Epi-Per	ois School ninister the n®).
I agree to indemnify and hold harmle Board's members, officers, employe expense, including reasonable attindemnities and arising out of a claim self-administration of the above referinjector (Epi-Pen®) and brought by another student, or by or on behalf of the School District and the foregoing injury arising from the self-administration and hold harmless commitment does foregoing indemnities.	ees and volunteers from torneys' fees, suffere to related directly or interenced asthma medication, any other parent of my student or another individuals are to incutation of medication, pro	om any claim, liabilied by any of the ndirectly to my sonation and/or epineple or guardian of my r student. We undeur no liability as a revided, however, this	ity, loss or foregoing /daughter's hrine autostudent or erstand that esult of any indemnity
Signature of Parent/Guardian	Printed Name	Date	

This form shall be effective for the current school year.