



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
1001 Leicester Road * Elk grove Village, IL 60007
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
circumstances under which the
medication is to be administered:

Signature – Physician, Physician Assistant Printed Name
or Advanced Practice Registered Nurse

Date

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, I hereby authorize my son/daughter, _____, to self-administer the above referenced asthma medication and/or epinephrine auto-injector (Epi-Pen®).

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorneys' 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 asthma medication and/or epinephrine auto-injector (Epi-Pen®) 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 of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wonton conduct of the foregoing indemnities.

Signature – Parent/Guardian

Printed Name

Date

This form shall be effective for the current school year.