

Franklin Junior High  
Franklin High School  
(217) 675-2395



# FRANKLIN C.U.S.D. # 1

110 State Street  
FRANKLIN, ILLINOIS 62638

(217) 675-2395  
FAX (217) 675-2396



Alexander Grade School  
(217) 478-3011  
FAX (217) 478-4921  
Franklin East Grade School  
(217) 675-2334

Andrew Stremmlau-Superintendent  
Jason Courier-Principal

## Agreement for Self-Medicating Asthmatic Students

1. Student can demonstrate use of inhaler to the health care provider and the school nurse.
2. Student agrees to **never** share the inhaler with another person.
3. Student agrees that if there is not a good improvement after two puffs, he/she will notify a teacher or other adult who will seek further medical help as outlined in the asthma action plan.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parental Authorization

I give permission for my child \_\_\_\_\_ to carry and self administer his asthmatic inhaler as prescribed by the physician. I understand that he/she must follow the above rules. I will notify the school of any changes in medication or my child's condition.

I hereby acknowledge that I am responsible for administering medication to my child. In the event that I am unable to do so or in the event of a medical emergency, I hereby authorize CUSD #1 employees and agents, to act on my behalf and to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees of the school) lawfully prescribed medication in the manner described in asthma plan. 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 further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees or agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes or action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phones \_\_\_\_\_

Emergency Contacts \_\_\_\_\_

*~Where Great Things Happen!*