



**WHEATON CHRISTIAN GRAMMAR SCHOOL
Asthma Policy & Permission Form**

This letter is to inform you of our policy regarding the carrying of inhalers by students at Wheaton Christian Grammar School. The Illinois General Assembly passed a law (Public Act #92-0402) requiring schools to *allow* asthmatic children to carry their inhaler with parental and physician approval.

After careful consideration and conferring with other local elementary schools, WCGS has decided that inhalers will still be kept in the office. There are several reasons for this decision.

- We have many young children, and the danger of an inhaler being picked up and used by a non-asthmatic student is a possibility. The medication in itself might not be harmful but, if used by student with a heart problem, it could prove fatal.
- The risk of a student misplacing his/her inhaler and not having it available when he/she really needs to use it is a possibility.

We realize that in some cases a student may be severely asthmatic and time is of the essence. In such an event we would allow the student to carry an inhaler at all times provided the school receives a signed form from both the physician and the parents. In these cases, an additional inhaler for the student will be required for safekeeping in the school office. This form is attached.

All medication permission forms need to be renewed each year.



**WHEATON CHRISTIAN GRAMMAR SCHOOL
Self-Administered Medication
Permission Form**

Student's Name: _____ **Grade** _____ **Teacher** _____

Physician Statement to be completed by student's physician
(Please note that a change in dosage requires written authorization)

Name of medication: _____		Dosage: _____	
Frequency: _____			
Diagnosis: _____			
Other medications the student is taking: _____			
This student is capable of dosing and self-administering the medication(s)? Yes No			
_____ Physician's Signature		_____ Physician's Phone Number	
_____ Physician's Printed Name		_____ Date	

I/we the parent/parents or legal guardian(s) of (student's name) _____, who is enrolled as a student at Wheaton Christian Grammar School for the academic school year of _____, hereby expressly authorize and give my/our permission for this student to self-administer inhaled asthma medication as medically indicated. Students with other prescription medications are not allowed to self-medicate. A student with asthma may possess and use his/her medication while in school, at a school sponsored activity, while under the supervision of school personnel, or after normal school activities. We recommend that you provide an additional inhaler to be kept in the school office in the event that your child forgets or loses his/her medication.

I/we agree that we have consulted with the school regarding the self-administration referenced herein. I/we agree and specifically authorize school administration to provide health information about this student to school employees, if in the school's discretion there is a need for them to know this information, to provide a safer environment for the student.

I/we understand that this authorization and permission is in force and effective for this academic school year only. I/we understand that I/we will be required to sign a new form each academic year, with a current statement from my/our child's physician. I/we also understand that the school has the right to revoke this authorization and permission at any time, after written notice of such revocation.

I/we the parent/guardian, acknowledge that Wheaton Christian Grammar School and its employees are to incur no liability as a result of any injury arising from the self administration of medication by the above named student. I indemnify and hold harmless Wheaton Christian Grammar School and its employees and agents against any claims arising out of the self administration of medication by the student.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date