intervention social and emotional development and mental health support system for students that is integrated with community mental health agencies and organizations and other child-serving agencies and systems.

LEGAL REF.: 405 ILCS 49/, Children's Mental Health Act of 2003.

Students

Exemption from Physical Education [1]

In order to be excused from participation in physical education, a student must present an appropriate excuse from his or her parent/guardian or from a person licensed under the Medical Practice Act.[2] The excuse may be based on medical or religious prohibitions. An excuse because of medical reasons must include a signed statement from a person licensed under the Medical Practice Act that corroborates the medical reason for the request. An excuse based on religious reasons must include a signed statement from a member of the clergy that corroborates the religious reason for the request. [3]

Special activities in physical education will be provided for a student whose physical or emotional condition, as determined by a person licensed under the Medical Practice Act, prevents his or her participation in the physical education course. [4]

State law prohibits the Board from honoring parental excuses based upon a student's participation in athletic training, activities, or competitions conducted outside the auspices of the School District. [5]

A student who is eligible for special education may be excused from physical education courses in either of the following situations: [6]

1. He or she (a) is in grades 3-12, (b) his or her IEP requires that special education support and services be provided during physical education time, and (c) the parent/guardian agrees or the IEP team makes the determination; or

2. He or she (a) has an IEP, (b) is participating in an adaptive athletic program outside of the school setting, and (c) the parent/guardian documents the student's participation as required by the Superintendent or designee.

A student requiring adapted physical education must receive that service in accordance with his or her Individualized Educational Program/Plan (IEP). [7]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

1 An ISBE rule requires boards to have a policy defining the types of parental excuses that will be accepted in order for a student to be exempted from P.E. 23 Ill.Admin.Code §1.425(e), ~~added at 40 Ill. Reg. 2990~~amended at 42 Ill.Reg. 11542-43. State or federal law controls this policy's content.

For elementary districts, delete ~~6:310, *High School Credit for Non District Experiences; Course Substitutions; Re-Entering Students*~~ from the cross references of this policy.

2 Medical Practice Act is found in 225 ILCS 60/.

3 Required by 23 Ill.Admin.Code §1.425(de)(1) and (~~2~~3), amended at 42 Ill.Reg. 11541. School boards must identify any evidence/support they will require for excuses they will deem *appropriate*. Before the board adopts this policy, it should have a conversation with the superintendent to discuss and review and/or amend the sample reasons for excusal offered in this policy. Topics for discussion include determining whether (a) the sample reasons are sufficient, (b) more reasons are needed, and/or (c) the sample reasons should be amended. These conversations should be based upon the community's needs.

4 Required by 105 ILCS 5/27-6, amended by P.A. 100-465, and 23 Ill.Admin.Code §1.425(d)(3), amended at 42 Ill.Reg. 11541-42.

5 105 ILCS 5/27-6(b); 23 Ill.Admin.Code §1.425(e)(6) ~~32~~), amended at 42 Ill.Reg.11543. See 6:310, *High School Credit for Non-District Experiences; Course Substitutions; Re-Entering Students* for a list of categories of students in grades 9-12 who may be excused from P.E. due to participation in school district athletic training, activities, or competitions.

6 105 ILCS 5/27-6(b) and 23 Ill.Admin.Code §1.425(e)(5)(A) and (B), amended at 42 Ill.Reg. 11543.

7 105 ILCS 5/27-6(b).

A student in grades 9-12, unless otherwise stated, may submit a written request to the Building Principal to be excused from physical education courses for the reasons stated in 6:310, *High School Credit for Non-District Experiences; Course Substitutions; Re-Entering Students*. **8**

Students in grades 7 and 8 may submit a written request to the Building Principal to be excused from physical education courses because of his or her ongoing participation in an interscholastic or extracurricular athletic program.**9** The Building Principal will evaluate requests on a case-by-case basis.

The Superintendent or designee shall maintain records showing that the criteria set forth in this policy were applied to the student's individual circumstances, as appropriate. **10**

Students who have been excused from physical education shall return to the course as soon as practical.**11** The following considerations will be used to determine when a student shall return to a physical education course:**12**

1. The time of year when the student's participation ceases;
2. The student's class schedule; and
3. The student's future or planned additional participation in activities qualifying for substitutions for physical education as outlined in policy 6:310, *High School Credit for Non-District Experiences; Course Substitutions; Re-Entering Students*.**13**

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

8 105 ILCS 5/27-6, amended by P.A. 100-465; 23 Ill.Admin.Code §1.425(e), added at 42 Ill.Reg. 11542-43. Delete this sentence for elementary school districts.

9 105 ILCS 5/27-6, amended by P.A. 100-465Id. See f/n 14 in 6:310, *High School Credit for Non-District Experiences; Course Substitutions; Re-Entering Students*, for discussion of what constitutes an *interscholastic* or *extracurricular athletic program*. Delete this paragraph for high school districts. Prior to P.A. 100-465, the statute only allowed students in grades 11 and 12 to be excused from P.E. "for ongoing participation in an interscholastic athletic program." 105 ILCS 5/27-6(b)(1). 105 ILCS 5/27-6(b), amended by P.A. 100-465, now states "on a case-by-case basis, excuse pupils in grades 7 through 12 who participate in an interscholastic or extracurricular athletic program." It does not require such participation to be *ongoing*. Common sense, however, would allow the exemption to continue only until the end of the grading period during which the athletic program is active.

State statuteslaw does not define *interscholastic athletic program* or *extracurricular athletic program*; however, 105 ILCS 5/22-80 defines *interscholastic athletic activity* as "any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling."

23 Ill.Admin.Code §1.425(e)(2), amended at 42 Ill. Reg. 11542 defines *interscholastic* and *extracurricular athletic programs* as "those programs that are sponsored by the school district as defined by school district policy."

For elementary or unit school boards that want to explain the meaning of *interscholastic or extracurricular athletic program*, insert the following option:

> Interscholastic or extracurricular athletic programs are organized school-sponsored or school-sanctioned activities for students that are not part of the curriculum, not graded, not for credit, generally take place outside of school instructional hours, and under the direction of a coach, athletic director, or band leader.

10 23 Ill.Admin.Code §1.425(ef), amended at 42 Ill.Reg. 11542. Districts must maintain records showing that the criteria set forth in 105 ILCS 5/27-6, amended by P.A. 100-465, was applied to the student's individual circumstances.

11 23 Ill.Admin.Code §1.425(e)(1)(A)-(C), added at 42 Ill.Reg. 11542.

12 Insert any additional criteria the board may want to use.

13 Delete item #3 for elementary districts, move "and" to the end of sentence number 1, delete the semicolon at the end of number 2 and insert a period.

LEGAL REF.: 105 ILCS 5/27-6.
225 ILCS 60/, Medical Practice Act.
23 Ill.Admin.Code §1.420(p) and §1.425(d), (e)~~, (f)~~.

CROSS REF.: 6:60 (Curriculum Content), 6:310 (High School Credit for Non-District Experiences; Course Substitutions; Re-Entering Students)

Students

Administering Medicines to Students [1]

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent/guardian believe that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed *School Medication Authorization Form* is submitted by the student's parent/guardian. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parent(s)/guardian(s) of students. [2]

Self-Administration of Medication [3]

A student may possess an epinephrine ~~auto-~~injector, e.g., EpiPen®, and/or asthma medication prescribed for use at the student's discretion, provided the student's parent/guardian has completed and signed a *School Medication Authorization Form*. The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine ~~auto-~~injector or the storage of any medication by school personnel.[4] A student's parent/guardian must indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct,

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The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

1 All districts must have a policy for administering medication. 105 ILCS 5/10-20.14b. State law prohibits school boards from requiring that teachers and other non-administrative school employees administer medication to students; exceptions are certificated school nurses and non-certificated registered professional nurses. 105 ILCS 5/10-22.21b.

2 Each district must inform students, e.g., through homeroom discussion or loudspeaker announcement, about, and distribute to their parents/guardians, the district's policy, guidelines, and forms on administering medicines within 15 days after the beginning of each school year, or within 15 days after starting classes for a student who transfers into the district. 105 ILCS 5/10-20.14b. A comprehensive Student Handbook can provide notice to parents and students of the school's rules, extracurricular and athletic participation requirements, and other important information. The Handbook can be developed by the building principal, but should be reviewed and approved by the superintendent and board. The Illinois Principals Association maintains a handbook service that coordinates with **PRESS** material, *Online Model Student Handbook (MSH)*, at: www.ilprincipals.org/resources/model-student-handbook.

3 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799, both eff. 1-1-19, requires school districts to allow students to *self-administer* their prescribed asthma medication and an epinephrine ~~auto-~~injector as described. *Self-carry* means a student's ability to carry his or her prescribed asthma medication or epinephrine ~~auto-~~injector. *Self-administer* and *self-administration* mean that a student may use these two medications at his or her discretion: (1) while in school; (2) while at a school sponsored activity; (3) while under the supervision of school personnel; or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property.

4 105 ILCS 5/22-30(c) requires this information to be in a notification to parents.

arising out of a student's self-administration of an epinephrine ~~auto~~-injector and/or medication, or the storage of any medication by school personnel. 5

School District Supply of Undesignated Asthma Medication 6

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated asthma medication in the name of the District and provide or administer them as necessary according to State law. *Undesignated asthma medication* means an asthma medication prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law,7 may administer an undesignated asthma medication to a person when they, in good faith, believe a person is having *respiratory distress*. Respiratory distress may be characterized as *mild-to-moderate* or *severe*.8 Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law.9

Commented [KS1]: Text in this footnote is moved from epinephrine and opioid antagonist footnotes to consolidate. New text is shown as such. Former footnotes refer to this footnote for discussion of the definition of trained personnel.

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

5 105 ILCS 5/22-30(c) requires parents/guardians to sign a statement: (1) acknowledging the statement from f/n 4 above; and (2) that they must indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student or the storage of the medication by school personnel. There are several methods to obtain a parent/guardian's signature for this purpose, e.g., receipt of handbook signature, or see 7:270 E1, *School Medication Authorization Form - Asthma Inhalers and/or Epinephrine Injectors*. Discuss with the board attorney the method that works best for the district.

6 Optional. A school board must ensure that it does not adopt this section into the policy unless it is prepared to implement 105 ILCS 5/22-30, amended by P.A. 100-726, eff. 1-1-19. The law permits a district to maintain a supply of undesignated asthma medication in any secure location that is accessible before, during, and after school where a person is most at risk, including, but not limited to a classroom or the nurse's office, and use them when necessary. The P.A. 100-726, eff. 1-1-19, amendment requiring accessibility before, during, and after school does not address the logistical issues that classrooms are typically locked before and after school. Consult the board attorney about the implementation issues with this new phrase in the law.

Consult the board attorney about the consequences of informing the community that the district will obtain a prescription for a supply of undesignated asthma medication, implement a plan for its use, and then not doing it, as doing so may be fraught with legal liabilities. Also fraught with legal liabilities is when the district provides them, but does not have them accessible before, during, and after school where an asthmatic person is most at risk as required by 105 ILCS 5/22-30, amended by P.A. 100-726, eff. 1-1-19. See In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016)(denying tort immunity to district, finding its response to a student's asthma attack was *willful and wanton* (which district disputed as a possible heart attack)) and In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017)(school district's appeal denied).

The superintendent is given broad authority to implement this section; however, several preliminary steps should occur with the assistance of the board attorney. They include, but are not limited to: (1) investigating the feasibility of obtaining a prescription for a supply of undesignated asthma medication in the name of the district or one of its schools, and (2) outlining the advantages and disadvantages of implementing this plan based upon each district's individual resources and circumstances, and student population's needs.

7 105 ILCS 5/22-30(a), amended by P.A. 100-726, eff. 1-1-19, defines *trained personnel* as any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of the School Code who has completed training required by 105 ILCS 5/22-30(g), amended by P.A. 100-726, eff. 1-1-19 to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress. 105 ILCS 5/22-30(a), amended by P.A. 100-726, eff. 1-1-19.

ISBE must develop the training curriculum for trained personnel, and it may be conducted online or in person. Id. at (h) and 23 Ill.Admin.Code §1.540(e)(3). ~~P.A. 99-480 did not amend the trained personnel to include recognition and response to an opioid overdose. However,~~ 105 ILCS 5/22-30(h-5), amended by P.A.s 99-480, 5/22-30(h), amended by 99-711, and 5/22-30(h-10), amended by P.A. 100-726, eff. 1-1-19 and 23 Ill.Admin.Code §1.540(e)(4) list the training curriculum requirements to recognize and respond to an opioid overdose, an allergic reaction, including anaphylaxis, and respiratory distress, respectively.

8 Id. at (a).

9 Id. at (g) and 23 Ill.Admin.Code §1.540(e)(7)&(8).

School District Supply of Undesignated Epinephrine ~~Auto~~-Injectors [10]

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated epinephrine ~~auto~~-injectors in the name of the District and provide or administer them as necessary according to State law. *Undesignated epinephrine ~~auto~~-injector* means an epinephrine ~~auto~~-injector prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law,[11] may administer an undesignated epinephrine ~~auto~~-injector to a person when they, in good faith, believe a person is having an anaphylactic reaction. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law. [12]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

10 Optional. A school board must ensure that it does not adopt this section into the policy unless it is prepared to implement 105 ILCS 5/22-30, amended by P.A. 99-711. The law permits a district to maintain a supply of undesignated epinephrine ~~auto~~-injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms, and use them when necessary. The P.A. 99-711 amendment requiring accessibility before, during, and after school does not address the logistical issues that classrooms are typically locked before and after school. Consult the board attorney about the implementation issues with this new phrase in the law.

Consult the board attorney about the consequences of informing the community that the district will obtain a prescription for a supply of undesignated epinephrine ~~auto~~-injectors, and implement a plan for their use, and then not doing it, as doing so may be fraught with legal liabilities. Also fraught with legal liabilities is if the district is providesing them, but does not havcing them accessible before, during, and after school where an allergic person is most at risk as required by P.A. 99-711. See In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016)(denying tort immunity to district, finding its response to a student's asthma attack was *willful and wanton* (which district disputed as a possible heart attack)); In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017)(school district's appeal denied).

The superintendent is given broad authority to implement this section; however, several preliminary steps should occur with the assistance of the board attorney. They include, but are not limited to: (1) investigating the feasibility of obtaining a prescription for a supply of undesignated epinephrine ~~auto~~-injectors in the name of the district or one of its schools, and (2) outlining the advantages and disadvantages of implementing this plan based upon each district's individual resources and circumstances, and student population's needs.

11 See the discussion regarding ~~tate law defines *trained personnel*~~, in f/n/7, above~~as any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training to recognize and respond to anaphylaxis. 105 ILCS 5/22-30(a). ISBE must develop the training curriculum for trained personnel, and it may be conducted online or in person. Id. at (h) and 23 Ill.Admin.Code §1.540(e)(3). P.A. 99-480 did not amend the trained personnel to include recognition and response to an opioid overdose. However, 105 ILCS 5/22-30(h-5), amended by P.A. 99-480 and 23 Ill.Admin.Code §1.540(e)(4) list the training curriculum requirements to recognize and respond to an opioid overdose~~.

12 See f/n 9, above~~23 Ill.Admin.Code §1.540(e)(7)&(8)~~.

School District Supply of Undesignated Opioid Antagonists [13]

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated opioid antagonists in the name of the District and provide or administer them as necessary according to State law. *Opioid antagonist* means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration. *Undesignated opioid antagonist* is not defined by the School Code; for purposes of this policy it means an opioid antagonist prescribed in the name of the District or one of its schools. A school nurse or trained personnel,[14] as defined in State law, may administer an undesignated opioid antagonist to a person when they, in good faith, believe a person is having an opioid overdose. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law.[15] ~~On or after June 1, 2018, s~~See the website for the Ill. Dept. of Human Services for information about opioid prevention, abuse, public awareness, and a toll-free number to provide information and referral services for persons with questions concerning substance abuse treatment. [16]

Designated Caregiver Administration of Medical Cannabis [17]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

13 Optional. If the board chooses to implement an undesignated opioid antagonist program, and the district employs law enforcement, consult the board attorney about whether this subhead becomes required. See ~~Alcoholism and Other Drug Abuse and Dependency~~ Substance Use Disorder Act. 20 ILCS 301/, amended by P.A.s 100-201 and 100-759, eff. 1-1-19.

For boards that choose to implement an undesignated opioid antagonists program, consult the board attorney regarding the Safe and Drug-Free School and Communities Act of 1994. 20 U.S.C. §7101(b). It prohibits funds provided under it to be used for medical services or drug treatment or rehabilitation, except for integrated student supports, specialized instructional support services, or referral to treatment for impacted students, which may include students who are victims of, or witnesses to crime or who illegally use drugs.

A school board must ensure that it does not adopt this section into the policy unless it is prepared to implement 105 ILCS 5/22-30(h-5), amended by P.A. 99-480. The law permits a district to maintain a supply of undesignated opioid antagonists in any secure location where a person is at risk of an opioid overdose and use them when necessary. The consequences of informing the community that the district will obtain a prescription for a supply of opioid antagonists and implement a plan for their use, and then not doing it may be fraught with legal liabilities.

The superintendent is given broad authority to implement this section; however, several preliminary steps should occur with the assistance of the board attorney. They include, but are not limited to: (1) investigating the feasibility of obtaining a prescription for a supply of opioid antagonists in the name of the district or one of its schools, and (2) outlining the advantages and disadvantages of implementing this plan based upon each district's individual resources and circumstances, and student population's needs.

14 See the discussion regarding *trained personnel* in f/n 7, above.

15 See f/n ~~9~~8, above.

16 Optional sentence if the board chooses to implement an undesignated opioid antagonist program as discussed in f/n 9, above. 20 ILCS 301/20-30, added by P.A. 100-494, ~~eff. 6-1-18,~~ mandates the Ill. Dept. of Human Services to create a website with these resources. The purpose of this sentence is to provide the community with information about a public health crisis affecting students.

17 105 ILCS 5/22-33(g), added by P.A. 100-660 (*Ashley's Law*), allows students to be given medical cannabis infused products at school or on the school bus and requires school boards to adopt a policy to implement the law. **Important: Implementation of this policy may cause a district to lose federal funding.** See f/n 22, below and consult the board attorney about the issue of federal funding.

If the board will not adopt a policy addressing the administration of medical cannabis, delete: (1) this subhead, (2) the last sentence from the section entitled **Void Policy; Disclaimer**, and (3) the following statutes from the Legal References:

~~"and 5/22-33",~~
~~410 ILCS 130/, Compassionate Use of Medical Cannabis Pilot Program Act, and scheduled to be repealed on July 1, 2020.~~
~~720 ILCS 550/, Cannabis Control Act,~~

Last, move the ", and" in the Legal References forward: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30.

The Compassionate Use of Medical Cannabis Pilot Program Act[18] allows a parent/guardian of a student who is a minor to register with the Ill. Dept. of Public Health (IDPH) as a *designated caregiver* to administer medical cannabis to their child. A designated caregiver may also be another individual other than the student's parent/guardian. Any designated caregiver must be at least 21 years old[19] and is allowed to administer a *medical cannabis infused product* to a child who is a student on the premises of his or her school or on his or her school bus if:

1. Both the student and the designated caregiver possess valid registry identification cards issued by IDPH;
2. Copies of the registry identification cards are provided to the District;[20] and
3. That student's parent/guardian completed, signed, and submitted a *School Medication Authorization Form - Medical Cannabis*. [21]

Medical cannabis infused product (product) includes oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.[22] Smoking and/or vaping medical cannabis is prohibited. [23]

After administering the product to the student, the designated caregiver shall immediately[24] remove it from school premises or the school bus. The product may not be administered in a manner that, in the opinion of the District or school, would create a disruption to the educational environment or cause exposure of the product to other students. A school employee shall not be required to administer the product. [25]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[18] 410 ILCS 130/, and scheduled to be repealed on July 1, 2020.

[19] Id. at 130/10(i), added by P.A. 100-660.

[20] The laws are silent about copies of the cards being provided to the district. Requiring copies of the registry cards is a best practice. Consult the board attorney about any records laws implicated in requiring and maintaining copies of these registry cards.

[21] A completed and signed school medication authorization form is not required by *Ashley's Law* but is a best practice and consistent with this sample policy's language for other medications. See sample exhibit 7:270-E2, *School Medication Authorization Form — Medical Cannabis*.

[22] Consult the board attorney regarding the controversial issue of students using at, or bringing to school, cannabis-infused products without THC that are derived from *industrial hemp* (hemp oil or cannabidiol (CBD) oil, the naturally occurring cannabinoid constituent of cannabis). Industrial hemp is defined in the Industrial Hemp Act (IHA) as the plant Cannabis sativa L. and any part of that plant, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis that has been cultivated under a license or is otherwise lawfully present in Illinois and includes any intermediate or finished product made or derived from industrial hemp. 505 ILCS 89/, added by P.A. 100-1091. Industrial hemp is also colloquially known as *agricultural hemp*.

Products from industrial hemp are widely available. As a consequence, school employees may encounter the argument from a student and his or her parent/guardian that the use of hemp or CBD oil products derived from industrial hemp (containing no THC) is not a violation of Illinois law because 720 ILCS 550/3(a), amended by P.A. 100-1091 states "cannabis does not include industrial hemp as defined and authorized under the IHA (505 ILCS 89/, added by P.A. 100-1091)."

[23] Optional sentence. 410 ILCS 130/10(q), amended by P.A. 100-660, and scheduled to be repealed on July 1, 2020, prohibits medical cannabis from being smoked. District administrators may find providing this information to the community helpful to enforcement of this policy.

[24] The word *immediately* is not in *Ashley's law*. It is added to ensure legal compliance with federal laws that could affect federal funding. For example, consider administrators who may be in the situation where a designated caregiver provides his or her child the product and then wants to volunteer in the school or greet another child in the school while carrying the product in the building which may violate the Cannabis Control Act (720 ILCS 550/). Consult the board attorney about the best term to use here, if any, as nothing in the law addresses these common scenarios that school administrators will encounter.

[25] 105 ILCS 5/22-33(e), added by P.A. 110-660.

Discipline of a student for being administered a product by a designated caregiver pursuant to this policy is prohibited. The District may not deny a student attendance at a school solely because he or she requires administration of the product during school hours.

Void Policy~~: Disclaimer~~ **26**

The **School District Supply of Undesignated Asthma Medication** section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated asthma medication from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school asthma medication. **27**

The **School District Supply of Undesignated Epinephrine ~~Auto-~~Injectors** section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated epinephrine ~~auto-~~injectors from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school epinephrine ~~auto-~~injectors. **28**

The **School District Supply of Undesignated Opioid Antagonists** section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for opioid antagonists from a health care professional**29** who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the ~~Alcoholism and Other Drug Abuse and Dependency~~Substance Use Disorder Act, or (2) fill the District's prescription for undesignated school opioid antagonists. **30**

The ***Designated Caregiver* Administration of Medical Cannabis** section of the policy is void and the District reserves the right not to implement it if the District or school is in danger of losing federal funding. **31**

Administration of Undesignated Medication **32**

Upon any administration of an undesignated asthma medication, epinephrine ~~auto-~~injector, or an opioid antagonist, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

26 Remove this section if the board does not adopt the undesignated asthma medication, the undesignated epinephrine ~~auto-~~injector, ~~or~~the undesignated opioid antagonist, or the administration of medical cannabis sections of the policy. If the board adopts one or some but not all~~the other~~, delete the appropriate paragraph(s) or sentence in this section.

27 Discuss with the board attorney whether the board should remove this sentence when the district reaches full implementation of this section.

28 See f/n 27, above~~Discuss with the board attorney whether the board should remove this sentence when the district reaches full implementation of this section~~.

29 *Health care professional* means a physician licensed to practice medicine in all its branches, a licensed physician assistant with prescriptive authority, a licensed advanced practice registered nurse with prescriptive authority, or an advanced practice registered nurse who practices in a hospital or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act. 20 ILCS 301/5-23(d)(4), amended by P.A.s 99-173, 99-480, 100-201, ~~and~~ 100-513, and 100-759, eff. 1-1-19.

30 See f/n 27~~3~~ above.

31 105 ILCS 5/22-33(f).

32 105 ILCS 5/22-30, amended by P.A.s 99-480 and 100-799, eff. 1-1-19 details specific required notifications, which are listed in 7:270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, and/or Opioid Antagonists*.

Disclaimers

Upon implementation of this policy, the protections from liability and hold harmless provisions as explained in Section 22-30(c) of the School Code apply. [33]

No one, including without limitation parent(s)/guardian(s) of students, should rely on the District for the availability of undesignated asthma medication, an undesignated epinephrine ~~auto-~~injector, and/or an undesignated opioid antagonist. This policy does not guarantee the availability of undesignated medications ~~an epinephrine auto-injector and/or opioid antagonist;~~. Sstudents and their parent(s)/guardian(s) should consult their own physician regarding ~~such~~ these medication(s).

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, ~~and~~ 5/22-30, and 5/22-33.
410 ILCS 130/, Compassionate Use of Medical Cannabis Pilot Program Act, and scheduled to be repealed on July 1, 2020.
720 ILCS 550/, Cannabis Control Act.
23 Ill.Admin.Code §1.540.

CROSS REF.: 7:285 (Food Allergy Management)

ADMIN. PROC.: 7:270-AP1 (Dispensing Medication), 7:270-AP2 (Checklist for District Supply of Undesignated Asthma Medication, Epinephrine ~~Auto-~~Injectors, and/or Opioid Antagonists), 7:270-E1 (School Medication Authorization Form), 7:270-E2 (School Medication Authorization Form - Medical Cannabis)

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[33] 105 ILCS 5/22-30(c).

Students

Administrative Procedure - Dispensing Medication

Actor	Action
Parents/Guardians	Ask the child's physician, dentist, or other health care provider who has authority to prescribe medications if a medication, either prescription or non-prescription, must be administered during the school day. *Medication* includes an epinephrine ~~auto-~~injector, e.g., *EpiPen®*, ~~and~~ asthma ~~inhaler~~ medication (105 ILCS 5/22-30(a), amended by P.A.s 100-201, ~~and~~ 100-513, and 100-726, eff. 1-1-19), and medical cannabis (105 ILCS 5/22-33(g), added by P.A. 100-660). **For a student using medical cannabis**: The parent/guardian is responsible for providing the school with copies of the valid registry identification cards issued to their child and the child's designated caregiver as required by the Ill. Dept. of Public Health. The student's parent/guardian must also ask the student's health care provider to complete a *School Medication Authorization Form – Medical Cannabis*. The designated caregiver shall be allowed to administer a medical cannabis infused product (product) to the student on the premises of the child's school or on the child's school bus. The product must be immediately removed from school premises or the school bus after administration. State law does not require school personnel to administer medical cannabis to students. 105 ILCS 5/22-33(g), added by P.A. 100-660. **For a student with diabetes**: The parent(s)/guardian(s) are responsible to share the health care provider's instructions. When the student is at school, the student's diabetes will be managed according to a diabetes care plan, if one exists, and not this Procedure. See Care of Students with Diabetes Act, 105 ILCS 145/. Last, the Public Self-Care of Diabetes Act allows a person with diabetes (or a parent/guardian of a person with diabetes) to self-administer insulin (or administer insulin) in any location, public or private, where the person is authorized to be irrespective of whether the injection site is uncovered during or incidental to the administration of insulin (410 ILCS 135/). **For a student with asthma**: The parent(s)/guardian(s) are responsible for sharing the student's asthma action plan. When the student is at school, the student's asthma will be managed according to an asthma action plan, if one exists, and not this Procedure. See 105 ILCS 5/22-30(j-5), added by P.A. 99-843. Asthma emergencies shall be managed pursuant to the District's asthma emergency response protocol. 105 ILCS 5/22-30(j-10). **Note**: The Ill. State Board of Education's model asthma episode emergency response protocol required by 105 ILCS 5/22-30(j-10),

Actor	Action
	added by P.A. 99-843, that must be incorporated in the District's procedure is available at: www.isbe.net/Documents/asthma_response_protocol.pdf. When developing the District's model protocol, consider that a district may be liable for injury to an asthmatic student during a medical emergency if the district does not respond by immediately calling 911. See In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016); In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017)(school district's appeal denied). Consult the board attorney about: (1) whether all asthma action plans should require immediate 911 calls based upon Stewart; and (2) the duties and responsibilities of a district when it asks for, but does not receive, an asthma action plan from a parent/guardian and the logistics of distributing any received plans to those employees who need to know based upon Stewart. A student with asthma is allowed to self-administer and self-carry asthma medication if the student's parent(s)/guardian(s) provide the school with: (1) written authorization for the self-administration and/or self-care of asthma medication; and (2) the prescription label containing the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. 105 ILCS 5/22-30(b), amended by P.A. 100-513. If the child's physician, dentist, or other health care provider who has authority to prescribe medications says yes, then ~~so,~~ ask the health care provider to complete a *School Medicine Authorization Form*. **This form must be completed and given to the school before the school will store or dispense any medication and before a child may possess asthma medication or an epinephrine ~~auto~~-injector.** If a student is on a medication indefinitely, ~~the parent/guardian must~~ file a new ~~"~~*School Medication Authorization Form*~~"~~ every year. Bring the medication to the school office. If the medicine is for asthma or is an epinephrine ~~auto~~-injector, a student may keep possession of it for immediate use at the student's discretion: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. 105 ILCS 5/22-30(e). For asthma inhalers and epinephrine injectors, provide the prescription label. Bring other prescription medications to the school in the original package or appropriately labeled container. The container shall display: Student's name Prescription number Medication name and dosage

Actor	Action
	Administration route and/or other direction Dates to be taken Licensed prescriber's name Pharmacy name, address, and phone number Bring non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed. At the end of the treatment regime, remove any unused medication from the school.
School Office Personnel	Provide a copy of these procedures, as well as a *School Medication Authorization Form*, to inquiring parent(s)/guardian(s). If the building has no school nurse and a student is identified as having asthma, request the student's parent(s)/guardian(s) to share their child's asthma action plan. If the plan is provided, keep it on file in the school nurse's office or, in the absence of a school nurse, the Building Principal's or designee's office. Tell the school nurse or Building Principal or designee of the receipt of the plan as soon as possible so that he/she may provide copies of it to appropriate school staff interacting with the student on a regular basis and, if applicable, attach it to the student's Section 504 plan or ~~individualized education plan (~~IEP~~)~~. 105 ILCS 5/22-30(j-5), added by P.A. 99-843. Whenever a parent/guardian brings medication for a student to the office, summon the school nurse. If the school nurse is unavailable, accept the medication, provided the parent/guardian submits a completed ~~"~~*School Medication Authorization Form*~~"~~ and the medication is packaged in the appropriate container. Put the medication in the appropriate locked drawer or cabinet. Tell the school nurse about the medication as soon as possible.
School Nurse (certificated school nurse or non-certificated registered professional nurse)	Ensure that a parent/guardian who brings medication for his or her child has complied with the parent/guardian's responsibilities as described in this administrative procedure. If a student is identified as having asthma, request the student's parent(s)/guardian(s) to share their child's asthma action plan. If the plan is provided, keep it on file in the school nurse office. Provide copies of it to appropriate school staff who interact with the student on a regular basis and, if applicable, attach it to the student's Section 504 plan or ~~individualized education plan (~~IEP~~)~~. 105 ILCS 5/22-30(j-5), added by P.A. 99-843. In conjunction with the licensed prescriber and parent/guardian, identify circumstances, if any, in which the student may self-administer the medication and/or carry the medication. A student will be permitted to carry and self-administer medication for asthma or an epinephrine ~~auto-~~injector. Store the medication in a locked drawer or cabinet. A student may keep

Actor	Action
	possession of medication for asthma or an epinephrine ~~auto-~~injector. Medications requiring refrigeration should be refrigerated in a secure area. Plan with the student the time(s) the student should come to the nurse's office to receive medications. Document each dose of the medication in the student's individual health record. Documentation shall include date, time, dosage, route, and the signature of the person administering the medication or supervising the student in self-administration. Assess effectiveness and side effects as required by the licensed prescriber. Provide written feedback to the licensed prescriber and the parent/guardian as requested by the licensed prescriber. Document whenever the medication is not administered as ordered along with the reasons. If the parent/guardian does not pick up the medication by the end of the school year, discard the medication in the presence of a witness.
Building Principal	Supervise the use of these procedures. Perform any duties described for school office personnel, as needed. Perform any duties described for school nurses, as needed, or delegate those duties to appropriate staff members. No staff member shall be required to administer medications to students, except school nurses, non-certificated and registered professional nurses, and administrators. Make arrangements, in conjunction with the parent/guardian, supervising teachers, and/or bus drivers for the student to receive needed medication while on a field trip.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, ~~and~~ 5/22-30, and 5/22-33.
23 Ill.Admin.Code §1.540.
In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016).
In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017).

Students

Administrative Procedure - Checklist for District Supply of Undesignated Asthma Medication, Epinephrine ~~Auto-~~Injectors, and/or Opioid Antagonists

- ☐ The Superintendent, school nurse, and/or other necessary school officials should consult the Board Attorney to develop a plan to implement Section 22-30 of the School Code.
- ☐ Obtain a prescription to maintain a supply of one or all of the following:~~either or both~~ undesignated asthma medication (UAM), epinephrine ~~auto-~~injector(s) (~~UEA~~UEIs), and/or opioid antagonist(s) (UOAs) in the District's name pursuant to 105 ILCS 5/22-30(f), amended by P.A.s 98-795, 99-480, ~~and~~ 100-513, and 100-726, eff. 1-1-19.
- ☐ Designate a secure location(s) to store UAM, ~~UEA~~UEIs and/or UOAs where persons needing these medications are most at risk (105 ILCS 5/22-30(f)), amended by P.A.s 99-480, ~~and~~ 100-513, and 100-726, eff. 1-1-19). For ~~UEA~~UEIs, this includes but is not limited to, classrooms and lunchrooms. Id. For UAM, this includes but is not limited to, a classroom or the nurse's office. Id.
- ☐ Develop a method for maintaining an inventory of UAM, ~~UEA~~UEIs, and UOAs. The inventory should list the expiration dates of the UAM, ~~UEA~~UEIs and UOAs.
- ☐ Identify procedures for a log or other recordkeeping of provisions, or administrations of UAM, ~~UEA~~UEIs, and UOAs.
- ☐ Maintain a list in each building administrator and/or his or her corresponding school nurse's office that includes the names of trained personnel who have received a statement of certification pursuant to State law.
- ☐ Develop procedures to implement the prescribed standing protocol for the provision, or administration of UAM, ~~UEA~~UEIs and/or UOAs, including calling 911 and noting any instructions given by Emergency Management Services (EMS) (105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540(d)). Upon any administration of *any* epinephrine ~~auto-~~injector, or opioid antagonist, procedures must include:

    1. Immediate activation of the EMS system. 105 ILCS 5/22-30(f-5), amended by P.A. 99-480. 105 ILCS 5/22-30(f-5), amended by P.A. 100-726, eff. 1-1-19, does not address contacting EMS upon the administration of *any* asthma medication (so asthma medication is excluded from introductory clause above). This may mean that the Ill. General Assembly did not intend for school personnel to notify EMS when administering a student's *prescribed* asthma medication (as opposed to UAM). However, 105 ILCS 5/22-30(j-15), amended by P.A. 99-843 (which requires school personnel who work with students to complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting every two years) requires asthma action plans. Some attorneys advise that all asthma action plans mandate an immediate 911 call based upon In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016); In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017) (school district's appeal denied) (holding that a teacher's failure to dial 911 immediately upon a student's asthma attack was willful and wanton conduct, subjecting the school district to liability and barring immunity protections under the Local Governmental and Governmental Employees Tort Immunity Act). Consult

the Board attorney about whether to contact EMS when *any* asthma medication is administered.

2. Notification to the student's parent, guardian, or emergency contact, if known. Id. 105 ILCS 5/22-30(f-5), amended by P.A. 100-726, eff. 1-1-19, does not address contacting the student's parent, guardian, or emergency contact upon the administration of *any* asthma medication. See the discussion in number 1, above, about asthma action plans pursuant to 105 ILCS 5/22-30(j-15), amended by P.A. 99-843, and consult the Board attorney.

~~2.~~3. The following reports and/or notifications by the school nurse when a(n):

~~UEA~~UEI was administered:	UOA was administered:	UAM was administered:
a. Physician, physician assistant, or advance practice registered nurse who provided the standing protocol or prescription for the ~~UEA~~UEI **within 24 hours**. 105 ILCS 5/22-30(f-10), amended by P.A. 100-513.	a. The health care professional (20 ILCS 301/5-23(d)(4), amended by P.A. 100-201) who provided the prescription for the opioid antagonist **within 24 hours**. 105 ILCS 5/22-30(f-10), amended by P.A.s 99-480 and 100-513.	a. Physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the UAM **within 24 hours**. 105 ILCS 5/22-30(f-10), amended by P.A. 100-726, eff. 1-1-19.
b. Ill. State Board of Education (ISBE) **within three (3) days**. 105 ILCS 5/22-30(i). Notification will be on an ISBE-prescribed form, and will include: i. Age and type of person receiving epinephrine (student, staff, visitor); ii. Any previously known diagnosis of a severe allergy; iii. Trigger that precipitated allergic episode; iv. Location where symptoms developed; v. Number of doses administered; vi. Type of person administering epinephrine (school nurse, trained personnel, student); and	b. Ill. State Board of Education (ISBE) **within three (3) days**. 105 ILCS 5/22-30(i-5), amended by P.A. 99-480. Notification will be on an ISBE-prescribed form, and will include: i. Age and type of person receiving the opioid antagonist (student, staff, or visitor); ii. Location where symptoms developed; iii. Type of person administering the opioid antagonist (school nurse or trained personnel); and iv. Any other information required by ISBE on the form.	b. Ill. State Board of Education (ISBE) **within three (3) days**. 105 ILCS 5/22-30(i-10), amended by P.A. 100-726, eff. 1-1-19. Notification will be on an ISBE-prescribed form, and will include: i. Age and type of person receiving asthma medication (student, staff, visitor); ii. Any previously known diagnosis of asthma; iii. Trigger that precipitated respiratory distress, if identifiable; iv. Location where

~~UEA~~UEI was administered:	UOA was administered:	UAM was administered:
vii. Any other information required by ISBE on the form.		symptoms developed; v. Number of doses administered; vi. Type of person administering the asthma medication (school nurse, trained personnel or student); vii. Outcome of the asthma medication administration; and ~~i.~~viii. Any other information required by ISBE on the form.

☐ Determine how the District will identify the student populations whose parents/guardians:

1. Have not completed and signed a *School Medication Authorization Form*, or
2. Have not provided asthma medication, an epinephrine ~~auto-~~injector and/or opioid antagonist, as applicable to the student, for a student for use at school, even though they have completed the *School Medication Authorization Form*.

☐ Determine when the school nurse will provide or administer the UAM, ~~UEA~~UEIs and/or UOAs, as applicable, to students.

The school nurse or trained personnel may:

1. Provide a UAM or ~~UEA~~UEI ~~or OA~~, as applicable to the situation, that meets the prescription on file in the *School Medication Authorization Form* to:
   a. Any student for his or her self-administration only (105 ILCS 5/22-30(a), amended by P.A.s 99-480 and 100-726, eff. 1-1-19, ~~&~~and (b-10)(i), (ii), (v)(amended by P.A. 100-726, eff. 1-1-19) and (vi)(amended by P.A. 100-726, eff. 1-1-19~~,~~)), ~~or~~
   b. Any personnel authorized under a~~A~~ student's ~~in need of his or her student-~~specific ~~or UEA who has an~~ Individual Health Care Action Plan, Food Allergy Emergency Action Plan and Treatment Authorization Form, ~~or~~ Section 504 plan, or individualized education program plan (IEP) (105 ILCS 5/22-30(b-10), amended by P.A. 100-726, eff. 1-1-19). ~~Such medication may be provided by any personnel authorized. 105 ILCS 5/22-30 (b-5). *Any personnel authorized* under these plans is limited to a school nurse, registered nurse, or a properly trained administrator in accordance with Section 10-22.21b of the School Code.~~

2. Administer a ~~UEA~~UEI to any student that the school nurse or *trained personnel* in good faith believes is having an anaphylactic reaction even though the parent/guardian has not completed and signed a *School Medication Authorization Form* or otherwise granted permission to administer the epinephrine ~~auto-~~injector. 105 ILCS 5/22-30(b-10)(iii)~~, amended by P.A. 98-795~~. **Note:** *Trained personnel* are different than *any personnel authorized* in 1.b., above. 105 ILCS 5/22-30(a), amended by P.A. 99-480. *Trained personnel* means any school employees or volunteer personnel who are (a) authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of the School Code, (b) annually trained online or in person to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress through a training curriculum developed by the Ill. State Board of Education (ISBE), and (c) submitting proof to their school's administration that they have completed: (i) the annual training, and (ii) a cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification. 105 ILCS 5/22-30(a) and (g), amended by P.A. 100-726, eff. 1-1-19; 23 Ill.Admin.Code §1.540(e). The law does not provide a deadline for ISBE to complete this training curriculum.

3. Administer an UOA to any student that the school nurse or *trained personnel* in good faith believes is having an opioid overdose even though the parent/guardian has not completed and signed a *School Medication Authorization Form* or otherwise granted permission to administer the ~~opiod~~opioid antagonist. 105 ILCS 5/22-30(b-10)(iv), amended by P.A. 99-480. **Note:** *Trained personnel* are different than *any personnel authorized*. See number 2, directly above. 105 ILCS 5/22-30(a), amended by P.A.s 99-480 and 100-726, eff. 1-1-19. *Trained personnel* means any school employees or volunteer personnel who are (a) authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of the School Code, (b) annually trained online or in person to recognize and respond to opioid overdoses through a training curriculum developed by in compliance with the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301/5-23, and (c) who have submitted proof to their school's administration that they have completed: (i) the annual training, and (ii) a cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification. 105 ILCS 5/22-30(g), amended by P.A. 99-480; 23 Ill.Admin.Code §1.540(e). The law does not provide a deadline for a training curriculum, but it did ~~does~~ require ISBE to develop a heroin and opioid prevention pilot program by Jan. 1, 2017. 105 ILCS 5/22-80, added by P.A. 99-480.

~~3.~~4. Administer UAM to any student that the school nurse or *trained personnel* in good faith believes is having respiratory distress even though the parent/guardian has not completed and signed a *School Medication Authorization Form* or otherwise granted permission to administer the asthma medication. 105 ILCS 5/22-30(b-10)(vii), amended by P.A. 100-726, eff. 1-1-19. See numbers 2 and 3, directly above for discussions between *any personnel authorized* and *trained personnel.*

☐ Assess how to manage requests from parents/guardians who wish to *opt-out* of the ~~UEA~~UEIs and/or OAs being available to their child.

The School Code does not provide a mechanism for a student or his or her parent/guardian to *opt-out* of the administration of the District's supply of UAM, ~~UEA~~UEIs, or UOAs when a nurse and/or trained personnel in good faith professionally believe a student is having an anaphylactic reaction or opioid overdose. While there may be religious, health, or other reasons that a student's parent/guardian may wish to *opt-out* of the administration of ~~a~~ UAM, ~~UEA~~UEI, or UOA to their child, the law does not provide a way for parents/guardians to do so. Management of this issue should be discussed with the Board Attorney. For additional guidance on this issue, see Board policy 7:275, *Orders to Forgo Life-Sustaining Treatment*.

☐ Determine how to notify all parents/guardians about how UAM, ~~UEA~~UEIs, and/or UOAs may be provided or administered to students.

If the District maintains a supply of UAM, ~~UEA~~UEIs, and/or UOAs, it must notify parents/guardians of the protections from liability granted to it and the prescribing physician by 105 ILCS 5/22-30(c) and (c-5), amended by P.A. 100-726, eff. 1-1-19. There are two groups of parents/guardians that the District must notify: (1) parents/guardians of students who have previously signed a *School Medication Authorization Form*, and (2) parents/guardians of all students.

For parents/guardians who have previously signed the *School Medication Authorization Form*, 105 ILCS 5/22-30(c), amended by P.A. 100-726, eff. 1-1-19, requires the District to provide additional notice that the physician(s)/individual(s) with prescriptive authority providing the standing protocol and prescription for the District's supply of UAM, ~~UEA~~UEIs, and UOAs are protected from liability, except for willful or wanton conduct arising from the use of ~~a~~ UAM, ~~UEA~~UEI, or UOA regardless of whether authorization was given by the student, parent/guardian, or student's physician. Discuss with the Board Attorney whether to amend the District's form(s) to include this language.

For parents/guardians of all students, 105 ILCS 5/22-30(c~~-5~~), amended by P.A. 100-726, eff. 1-1-19, requires parents/guardians to be informed that: (1) the District maintains a supply of UAM, ~~UEA~~UEIs, and/or UOAs, and (2) the District and the prescribing physician(s)/physician assistant(s)/advanced practice registered nurse(s) are protected from liability when the school nurse and/or trained personnel administer ~~a~~ UAM, ~~UEA~~UEI, and/or UOA to any student when these individuals in good faith professionally believe that the student is having an anaphylactic reaction. There are several methods to inform parent/guardians of this information, e.g., receipt of handbook signature, or see Exhibit 7:270–E1, *School Medication Authorization Form*. Discuss with the Board Attorney the method that works best for the District.

RENUMBERED

Students

Exhibit - School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s).

This form is to be used for medication other than medical cannabis. (See 7:270-E2, School Medication Authorization Form - Medical Cannabis.) A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

~~Student's Name:~~ _____ ~~Birth Date:~~ _____

~~Address:~~ _____

~~Home Phone:~~ _____ ~~Emergency Phone:~~ _____

~~School:~~ _____ ~~Grade:~~ _____ ~~Teacher:~~ _____

*To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority (***Note**: *for asthma inhalers only, use the* ***Asthma Inhalers*** *section below):*

Prescriber's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

_____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

_____

Prescriber's Signature Date

Asthma Inhalers

Parent(s)/Guardian(s) please attach prescription label here:

For only parents/guardians of students who need to carry and use their asthma medication or an epinephrine ~~auto~~-injector:

I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine ~~auto~~-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine ~~auto~~-injector. 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799, eff. 1-1-19.

Please initial to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine ~~auto~~-injector.

_____
Parent/Guardian Initials

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine ~~auto~~-injectors or opioid antagonists to my child when there is a good faith belief that my child is having an anaphylactic reaction or opioid overdose, whether such reactions are known to me or not. 105 ILCS 5/22-30, amended by P.A.s 99-480 and both ~~100-726 and~~ 100-726 and 100-799~~,~~ eff. 1-1-19. **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**, and

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

_____
~~Parent/Guardian Printed Name~~

~~Address (if different from Student's above):~~ _____

~~Phone:~~ _____ ~~Emergency Phone:~~ _____

~~Parent/Guardian Signature~~ ~~Date~~

Parent/Guardian Printed Name

Address (if different from Student's above): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Parent/Guardian Signature Date

NEW

Students

Exhibit - School Medication Authorization Form - Medical Cannabis

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority.

Prescriber's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

IDPH registry ID card for student is valid [insert dates]: _____

IDPH registry ID card for designated caregiver is valid [insert dates]: _____

Attach copies of both registry identification cards

Time medication is to be administered or under what circumstances: _____

_____

_____

_____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

_____

Prescriber's Signature Date

By signing below, I acknowledge, understand and agree as follows:

1. The only individual(s) who may possess and administer medical cannabis to my child at school or on the school bus is his/her registered designated caregiver as identified by the Illinois Department of Public Health.
2. Both my child and his/her registered designated caregiver possess valid registry identification cards issued by the Department of Public Health, copies of which I have provided/will provide to the District.
3. After administering the medical cannabis to my child, the designated caregiver shall immediately remove the product from school premises or the school bus.
4. The designated caregiver may not administer a medical cannabis infused product in a manner that, in the opinion of the District or school, would create a disruption to the school's educational environment or would cause exposure of the product to other students.
5. Children under age 18 cannot smoke or vape medical cannabis. Medical cannabis-infused products include oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.
6. The District reserves the right to restrict or otherwise stop allowing the administration of medical cannabis to my child if the District or school would lose federal funding as a result.
7. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medical cannabis that I authorize by my signature below.

_____
Parent/Guardian Printed Name

Address (if different from Student's above): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

_____ _____
Parent/Guardian Signature Date

Students

Administrative Procedure - Implementing a Food Allergy Management Program [1]

The following procedure implements policy 7:285, *Food Allergy Management Program*, which is based upon the joint Ill. State Board of Education (ISBE) and Ill. Dept. of Public Health (IDPH) publication, *Guidelines for Managing Life-Threatening Food Allergies in Schools* (*ISBE/IDPH Guidelines*), available at: www.isbe.net/Documents/food_allergy_guidelines.pdf (105 ILCS 5/2-3.149(b)). The District's Food Allergy Management Program is developed and collectively implemented by local school officials, District staff, students and their families, and the community. This administrative procedure contains three sections as follows:

1. Glossary of Terms
2. Food Allergy Management Program
3. Individual Food Allergy Management (Three Phases)
   - Phase One: Identification of Students with Food Allergies
   - Phase Two: Prevention of Exposure to Known Allergens
   - Phase Three: Response to Allergic Reactions

All references to the *ISBE/IDPH Guidelines* within the procedures will refer to the specific section title or Appendix with the page number in parenthesis.

Glossary of Terms

The Glossary at Appendix J of the *ISBE/IDPH Guidelines* is incorporated here by reference.

Food Allergy Management Program (Program) - The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, *Food Allergy Management Program*, which is based upon the *ISBE/IDPH Guidelines*.

Food Allergy Management Committee (Committee) - A District-level team that the Superintendent creates to develop a Food Allergy Management Program. It monitors the District's Food Allergy Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board. It is not required by State law, but it is a best practice method to ensure the Program's continued legal compliance and alignment with governance principles.

Individual Food Allergy Management - The process at the building level used to manage and prevent anaphylaxis. The process identifies: (a) students with allergies, (b) procedures to prevent exposure to known allergens, and (c) appropriate responses to allergic reactions. It is synonymous with the third section in this sample administrative procedure.

The footnotes should be removed before the material is used.

[1] "**Note:**" messages appear throughout this procedure to highlight legal issues and available customization options. This format is a departure from the **PRESS** publication's general format, which usually provides finished procedures that are ready for immediate use and implementation. This procedure follows the legal requirements for what a food allergy management program must include, but development and implementation of the actual food allergy management program is subject to a district's resources and circumstances, i.e., the size of the school district, conditions in individual buildings, and an individual student's needs.

The first paragraph's second sentence is optional. Remove it if the board removed the optional clause discussed in f/n 2 of policy 7:285, *Food Allergy Management Program*. The purpose of the sentence is to allocate responsibility for food allergy management among the district, staff, and food-allergic students and their families and alert the community that successful implementation relies upon everyone to understand the seriousness of food allergies.

Individualized Educational Program/Plan (IEP) - A plan or program developed to ensure that a child who has a disability identified under the law and is attending a public elementary or secondary school receives specialized instruction and related services.

Individual Health Care Plan (IHCP) - A document that outlines a food allergic student's needs, and at minimum, includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below). **Important**: Consult the Board Attorney about whether the Program should implement a 504 Plan or IHCP. This Program's procedures implement 504 Plans only. Insert IHCP in place of or in addition to 504 Plan in this document if the District will also implement IHCPs.

504 Plan - A document that outlines a food allergic student's needs, necessary accommodations, and individual staff member responsibilities. Its function is identical to an IHCP while also including procedural protections (see above). This Program's procedures implement 504 Plans only. **Important**: Consult the Board Attorney about whether implementing only 504 Plans is the best method. Many attorneys agree that a 504 Plan is the best (although not universal) practice for a student with a diagnosis of an allergy. [2]

504 Team - A building-level team that implements the phases of Individual Food Allergy Management in a student's 504 Plan. Insert "IHCP Team" in place of or in addition to "504 Team" if the district will also implement IHCPs. **Note**: If the District implements IHCPs, gathering information, identifying methods to prevent exposure, and assigning staff responsibilities will rely heavily on the Nurse/DSP, not a 504 Team.

Food Allergy Management Program

This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food allergies (105 ILCS 5/2-3.149). This is because identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school (p. 7). This section references the *ISBE/IDPH Guidelines* and aligns with governance principles so that District-level administrators can: (a) integrate the Program into the District's existing policies and procedures, (b) engage in ongoing monitoring of the Program, (c) assess the Program's effectiveness, and (d) inform the Board about the Program along with recommendations to enhance its effectiveness.

> **Note**: Modify this section based upon the District's specific implementation needs. The only mandate in 105 ILCS 5/2-3.149 was~~is~~ that school boards implement a policy based upon the *ISBE/IDPH Guidelines* by January 1, 2011. Implementation methods are infinite; this Program provides one method.

The footnotes should be removed before the material is used.

[2] Prior to the 2008 amendments to the Americans with Disabilities Act, courts frequently found that allergies were not disabilities under Section 504 (see Smith v. Tangipahoa Parish School Board, 46 IDELR 282 (D.Ct. LA 2006)). As a result, schools commonly drafted Individual Health Care Plans (IHCP) and Emergency Action Plans (EAP) for food allergic students instead of Section 504 Plans. The ADA Amendments Act of 2008 (Pub. L. 110-325) significantly broadened the definition of *substantially limits* to include disabilities that are inactive or in remission. These amendments generally support Section 504 entitlement for students with allergies because an allergic reaction will *substantially limit* the major life activity of *breathing* when anaphylaxis occurs.

Actor	Action
Superintendent or designee	Establish a District-wide Food Allergy Management Committee (Committee) to operate as a Superintendent committee. Consider including: District-level administrators Building Principals (Building Principals are mandatory for successful implementation of the Program) District Safety Coordinator (see 4:170-AP1, *Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities*) District 504 Coordinator (see 6:120, *Education of Children with Disabilities* and 6:120, AP1, E1 *Notice to Parents/Guardians Regarding Section 504 Rights*) Staff members Parents/Guardians Community members Students Chair and convene Committee meetings for the purpose of implementing the Program. **Note**: The Committee is not required by State law. However, establishing it provides a best practice for aligning with governance principles and examining implementation issues specific to each individual school district. While smaller school districts, i.e., one-building districts, may be able to implement a Program through one meeting, larger school districts will likely require the uniform coordination that this Committee provides. Some school districts may choose to use the modifiable *ISBE/IDPH Guidelines* document, available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx, and add or delete items as necessary to the specific needs of the school district. Inform the School Board of the Committee's progress and needs by adding information items to the Board's agendas as needed.
Food Allergy Management Committee	Identify existing policies, procedures, and exhibits that affect implementation of the Program, including, but not limited to: 1:20, *District Organization, Operations, and Cooperative Agreements* 2:20, *Powers and Duties of the School Board; Indemnification* 2:240, *Board Policy Development* 4:110, *Transportation* 4:120, *Food Services* 5:100, *Staff Development Program* 5:100-AP, *Administrative Procedure - Staff Development Program* 6:65, *Student Social and Emotional Development* 6:120, *Education of Children with Disabilities* 6:120-AP1, *Administrative Procedure - Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities* 6:240, *Field Trips* 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*

Actor	Action
	7:250, *Student Support Services* 7:270, *Administering Medicines to Students* 7:270-AP1, *Administrative Procedure - Dispensing Medication* 7:270-E1, *School Medication Authorization Form* with the *Emergency Action Plan* 8:100, *Relations with Other Organizations and Agencies.* Recommend, through the Superintendent, any policy changes to the School Board for consideration. See policy 2:240, *Board Policy Development.* Recommend to the Superintendent any amendments to administrative procedures. **Note**: To minimize paper and confusion, the Committee may want to ~~replace~~ utilize ~~7:270-E1, *School Medication Authorization Form* with~~ the *ISBE/IDPH Guidelines'* sample form, *Emergency Action Plan* (EAP) at App. B-5 (p. 48) and available at: www.isbe.net/Documents/food_allergy_emer_action_plan.pdf in lieu of 7:270-E1, *School Medication Authorization Form,* for food allergy management purposes. The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (App. B-3, p. 44) to the District's School Safety Drill Plan (see 4:170-AP1, *Administrative Procedure - Comprehensive Safety and Security Plan*, **~~F~~. School Safety Drill**). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph **~~E~~ E. Annual Safety Review** of 4:170-AP1, *Administrative Procedure - Comprehensive Safety and Security Plan* to include the applicable School Administrators and Nurse/Designated School Personnel (DSP) Checklist items (p. 24 and 32). Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program, the *ISBE/IDPH Guidelines*, and prepare each individual Building Principal to implement it in his or her building. **Note**: The Board Attorney will be a necessary participant in the District's efforts to manage food allergy management issues. The Superintendent may want to authorize individual Building Principals to consult with the Board Attorney in some circumstances. If so, the Superintendent should outline this process during this meeting. Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required in-service training program(s) for staff working with students. The in-service must be conducted by a person with expertise in anaphylactic reaction management and include administration of medication with an ~~auto~~-injector (105 ILCS 5/10-22.39(e)). *Person with expertise* is not defined, but the use of the word *expertise* suggests that using a lay person to provide training is not appropriate. Use the list of training resources in App. I. (p. 71) and see the Potential Sources for Food Allergy Education, available at: www.isbe.net/Documents/food_allergy_educ_sources.pdf. This training

Actor	Action
	should also include: • How to recognize symptoms of an allergic reaction • Review of high-risk areas • Steps to take to prevent exposure to allergen • How to administer an epinephrine ~~auto-~~injector • How to respond to a student with a known allergy as well as a student with a previously unknown allergy • Information to increase awareness of bullying and sensitivity to issues that students with food allergies face in the school setting Consider implementing the Nurse/DSP checklist item (p. 22) addressing the above issues by informing staff of the goals established in each of the following Board policies: 6:65, *Student Social and Emotional Development*. This policy requires the District's educational program to incorporate student social and emotional development into its educational program and be consistent with the social and emotional development standards in the Illinois Learning Standards. 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*. This policy prohibits students from engaging in bullying, intimidation, and harassment, which diminish a student's ability to learn and a school's ability to educate. It states that preventing students from engaging in these disruptive behaviors is an important District goal. **Note**: Including bullying and sensitivity awareness in the required in-service exceeds State law requirements. Because State law requires districts to have policies addressing bullying (105 ILCS 5/27-23.7) and social and emotional development (405 ILCS 49/) and the Guidelines highlight that increasing awareness of these issues is a best practice consideration, the required in-service is a logical place to include this education. Be sure the referenced board policies contain the locally adopted policy language. Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. Establish linkages and partnerships with organizations that can assist the Committee or Building Principals with the goal of providing a coordinated, collaborative education and outreach system to all members of the school community to better understand food allergy management issues in the school setting (App. I, p.71). Provide and inform Building Principals, when possible, of opportunities to "close the food allergy knowledge gap" (p. 21, citing a *Gupta, et. al, BMC Pediatrics* report that the general population has many misconceptions about food allergies). See Potential Sources for Food Allergy Education, available at: www.isbe.net/Documents/food_allergy_educ_sources.pdf. Monitor the Program by periodically assessing its effectiveness. Incorporate updated medical best practices into all areas of the Program.

Actor	Action
	Establish a schedule for the Superintendent to report any recommendations to enhance the Program's effectiveness to the Board for consideration.
Building Principal	Inform the school community of the Program by providing the information to students and their parents/guardians. For a sample letter, see App. C-1 (p. 58). Inform the school community of the opportunities to better understand food allergy management issues. Implement the Program in the building by meeting with the Nurse/DSP and special education staff in the building to examine the *ISBE/IDPH Guidelines*. Identify and follow: All best practices that apply to the conditions in the school building to reduce exposure to allergens (p. 20). All items from the School Administration Nurse/DSP Checklists that apply to the working conditions in the school building (p. 22-24, 32-33). Educate staff members about the Program and their likely involvement with Individual Food Allergy Management (p. 20-40). Inform staff members about Constructive Classroom Rewards (App. G, p. 67-69), at: www.isbe.net/Documents/const_clsrm_rewards.pdf. Inform staff members and volunteers to first use the epinephrine ~~auto-~~injector and then call 911 any time an allergic reaction is suspected, and review the *ISBE/IDPH Guidelines*, specifically Food Allergies (p. 9-12). **Note**: Fatalities occur when epinephrine is delayed or withheld (p. 21). Add information about the District's Program and any other building-related specifics of the Program to student handbooks. To increase awareness of the bullying issues faced by students with food allergies, consider including information for students and their parents about the goals established in Board policy 7:180, *Prevention of and Response to Bullying, Intimidation, and Harassment*. See Nurse/DSP Checklist (p. 22).
School Board	Monitor 7:285, *Food Allergy Management*, and make changes recommended by the Committee. See policy 2:240, *Board Policy Development*. Consider all policy changes recommended by the Superintendent. Provide the appropriate resources for the Superintendent to successfully implement the Program.

Individual Food Allergy Management

This section's procedures are implemented each time the school identifies a student with a food allergy. It follows Board policy 6:120, *Education of Children with Disabilities* and references additional considerations based upon the *ISBE/IDPH Guidelines*. It relies heavily upon Building Principals and Nurse/Designated School Personnel (DSP) to identify the necessary accommodations for each student and determine which staff members are responsible to provide them.

Accommodations are impacted by a number of factors, e.g., the student's age, the allergen(s) involved, the facilities at each school building, etc.

Phase One: Identification of Students with Food Allergies

Actor	Action
Parent/Guardian	Inform the Building Principal of the student's food allergy. Complete Allergy History Form (App. B-8, p. 56 and available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx) and School Medication Authorization Form (see 7:270-E1, *School Medication Authorization Form*). Return them to the Building Principal or Nurse/DSP. **Note**: The Emergency Action Plan (EAP) (p. 48) may be used instead of 7:270-E1, *School Medication Authorization Form.* Participate in all meetings to assess and manage the individual student's health needs. Follow the *Parent/Guardian of Children with Food Allergies Checklist*. See *Guidelines*, p. 25.
Building Principal and/or Nurse/DSP	Follow the District's procedural safeguards for convening a meeting to assess the individual student's allergy management needs.
IEP or 504 Team	Modify this section if the District implements IHCPs. See **Glossary** above for more information. For a student who is not already identified as disabled, determine whether a referral for an evaluation is warranted using the District's evaluation procedures for determining whether a student is a student with a disability within the meaning of IDEA or Section 504 (see Board policy 6:120, *Education of Children with Disabilities*). For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her food allergy, determine: 1. Whether the student's food allergy requires *related services* to ensure the provision of a "free appropriate public education" (FAPE), and/or 2. Whether the student's food allergy requires appropriate *reasonable accommodations* for the student's disability. If the answer to either of the above questions is negative, notify the parent/guardian in writing of the reasons for the denial and the right to appeal. Provides any required procedural safeguard notices. See 23 Ill.Admin.Code §~~Part~~ 226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, *Notice to Parents/Guardians Regarding Section 504 Rights*. **If the answer to either of the above questions is positive:** 1. Gather appropriate health information by using the completed Allergy History Form (App. B-8, p. 56) and Emergency Action Plan (EAP) (App. B-5, p.48). 2. Identify all necessary accommodations and complete a 504 Plan (use the District's established forms or App. B-7, p. 52-55). For meal substitutions, see App. B-4, p. 45-46.

Actor	Action
	3. Determine which staff provides the identified accommodations. Remember that accidental exposures are more likely to happen when an unplanned event or non-routine event occurs, and special care should be taken to address procedures for staff members who provide transportation, substitute teaching, coaching or other activities, field trips, and classroom celebrations. For a list of staff members to consider, see *Creating a Safer Environment for Students with Food Allergies* (p. 19). 4. Assign responsibilities to individual staff members for providing the identified accommodations (General Guidelines, p. 20-40). Inform absent staff members during the creation of the 504 Plan of their responsibilities. 5. Identify willing 504 Team members trained in emergency response to respond to any allergic reactions the student may have. See EAP, *Trained Staff Members* box (p. 49). **Note**: Consult the Board Attorney if options are limited or the classroom teacher is not willing to administer epinephrine. While classroom teachers are a logical choice to provide emergency response due to their continual close proximity to students, such an assignment may: (1) impact terms and conditions of employment and may trigger collective bargaining rights, and/or (2) violate 105 ILCS 5/10-22.21b, which states that under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students. 6. Provide the required procedural safeguard notices. See 23 Ill.Admin.Code ~~Part~~ § 226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, *Notice to Parents/Guardians Regarding Section 504 Rights*.

Phase Two: Prevention of Exposure to Known Allergens

Actor	Action
Building Principal and/or Nurse/DSP	Convene a meeting to educate all the staff members who will provide the identified 504 Plan accommodations about their responsibilities. Ensure individual staff members perform their responsibilities and provide the necessary accommodations for the student's individual health needs (p. 20-40). Facilitate the dissemination of accurate information in the building about the student's food allergy while respecting privacy rights. **Note**: Request permission from the Superintendent to consult the Board Attorney about best practices for

Actor	Action
	disclosures to volunteers (e.g., field trip chaperones or room parents) of confidential medical information without parental consent. Generally Building Principals have discretion, but these situations are fact specific. Ideally the District should attempt to get parental permission to disclose the information about the allergy, but practically this cannot always occur. Many agree that safety trumps confidentiality in these situations, especially when volunteers have a legitimate educational interest if knowledge of the information is related to their ability to perform their duties (See, *Letter to Anonymous*, 107 LRP 28330 (FPCO 2007)). Provide a medical alert to parents/guardians (App. B-9, p. 57) also available at: www.isbe.net/Pages/Food-Allergy-Guidelines.aspx) that does not name the student. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen. **Note**: Request permission from the Superintendent to consult the Board Attorney about disclosures and providing joint communications from the Building Principal and the parent/guardian of the food allergic student. While joint communications allow the school to exchange the information needed to protect the food allergic student and balance competing educational interests without violating federal or State laws that govern student records, they can also present other risks (i.e., re-disclosure of the confidential information). See Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and its implementing rules at 34 C.F.R. Part 99; Ill. School Student Records Act, 105 ILCS 10/, and its implementing rules at 23 Ill.Admin.Code Part 375. FERPA prohibits schools from disclosing personally identifiable information from students' education records without the consent of a parent or eligible student, unless an exception applies. See policy 7:340, *Student Records*. Prepare a list of answers to anticipated questions about managing the student's health needs. Check with the Nurse/DSP regarding any known competing educational interests with the student's health needs among other students attending the school (i.e., diabetes, service animals, etc.). Manage identified students' competing educational interests by: 1. Consulting the Board Attorney. 2. Creating a method to monitor identified competing educational interests between students. 3. Responding to future unidentified competing educational interests and managing them immediately.

Actor	Action
	4. Modifying any other conditions as the facts of the situation require.
IEP or 504 Team	Implement and follow all identified responsibilities in the 504 Plan. Understand that accidental exposures are more likely to occur when an unplanned event occurs, which makes is critical to follow the exact accommodations in the student's 504 Plan (p.13). Practice emergency procedures outlined in the student's EAP and be prepared to follow them (App. B-3, p. 44).
Parent/Guardian	Implement and follow the applicable items in the *Parent/Guardian of Children with Food Allergies Checklist* (p. 25).
Student	Implement and follow the applicable items in the *Students with Food Allergies Checklist* (p. 26).

Phase Three: Response to Allergic Reactions

Actor	Action
IEP or 504 Team	Follow the student's 504 Plan and EAP.
Anyone	Any time an allergic reaction is suspected, administer the epinephrine ~~auto-~~injector first, and then call 911. Fatalities occur when epinephrine is delayed or withheld (p. 21).
Nurse/DSP	Implement and follow the applicable items in the *Return to School After a Reaction Checklist* (App. B-2, p. 43). If the student has no EAP and IHCP or 504 Plan, provide the parent/guardian with the EAP (App. B-5, p. 48) and *Sample Allergy History* (App. B-8, p. 56) forms and refer them to the process outlined in the **Identification of Students with Food Allergies** phase above. Review *Special Considerations for the Student*; specifically, collaborate with the student's medical provider (p. 23).

LEGAL REF: 105 ILCS 5/2-3.149.

Students

Suicide and Depression Awareness and Prevention [1]

Youth suicide impacts the safety of the school environment. It also affects the school community, diminishing the ability of surviving students to learn and the school's ability to educate. Suicide and depression awareness and prevention are important Board goals.

Suicide and Depression Awareness and Prevention Program

The Superintendent or designee shall develop, implement, and maintain a suicide and depression awareness and prevention program (Program) that advances the Board's goals of increasing awareness and prevention of depression and suicide. This program must be consistent with the requirements of *Ann Marie's Law* listed below; each listed requirement, 1-6, corresponds with the list of required policy components in the School Code Section 5/2-3.16~~63~~(c)(2)-(7). The Program shall include:

1. Protocols for administering youth suicide awareness and prevention education to students and staff. [2]

   a. For students, implementation will incorporate Board policy 6:60, *Curriculum Content*, which implements 105 ILCS 5.2-3.139 and 105 ILCS 5/27-7 (requiring education for students to develop a sound mind and a healthy body).

   b. For staff, implementation will incorporate Board policy 5:100, *Staff Development Program*, and teacher's institutes under 105 ILCS 5/3-14.8 (requiring coverage of the warning signs of suicidal behavior).

2. Procedures for methods of suicide prevention with the goal of early identification and referral of students possibly at risk of suicide.[3] Implementation will incorporate:

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[1] A suicide awareness and prevention policy is required by 105 ILCS 5/2-3.16~~63~~(c), amended by P.A. 99-443. The first sentence of this policy is required by 105 ILCS 5/2-3.16~~63~~(c)(1), amended by P.A.s 99-443 and 99-642.

This policy contains an item on which collective bargaining may be required. ~~(~~See 105 ILCS 5/10-22.24b~~)~~. Any policy that impacts upon wages, hours, and terms and conditions of employment, is subject to collective bargaining upon request by the employee representative, even if the policy involves an inherent managerial right.

[2] Required by 105 ILCS 5/2-3.16~~63~~(c)(2), amended by P.A.s 99-443 and 99-642. While this law is titled Youth Suicide Awareness and Prevention, it requires the policy to include protocols for administering youth suicide awareness and prevention education to *staff* and students.

For student protocols, see 105 ILCS 5/2-3.139 and 105 ILCS 5/27-7.

For staff protocols, see 105 ILCS 5/3-14.8, which requires the regional superintendents to cover the warning signs of suicidal behavior in teacher's institutes. In suburban Cook County, an Intermediate Service Center will perform the responsibilities that are performed in other locations by the regional superintendent. ~~(~~P.A. 96-893~~)~~.

[3] Required by 105 ILCS 5/2-3.16~~63~~(c)(3), amended by P.A.s 99-443 and 99-642. This policy adds *with the goal of* and *possibly* to modify the statute's use of "at risk of suicide." *With the goal of* acknowledges that identifying every student at risk of suicide is impossible. *Possibly* is added to inform the public that these identifications are not definitive. School staff members are not licensed medical professionals who are fully trained to make definitive determinations about whether a student is at risk of suicide, and parents/guardians should not take any referral under this requirement as such.

a. ~~For students in grades 7 through 12, implementation shall incorporate t~~The training required by 105 ILCS 5/10-22.39 for ~~school guidance counselors, teachers, school social workers, and other~~ licensed school personnel and administrators who work with students to identify the warning signs of suicidal behavior in youth ~~adolescents and teens~~ along with appropriate intervention and referral techniques, including methods of prevention, procedures for early identification, and referral of students at risk of suicide~~.~~; and

b. ~~For all students, implementation shall incorporate Illinois~~ Ill. State Board of Education (ISBE)-recommended guidelines and educational materials for staff training and professional development, along with ISBE-recommended resources for students containing age-appropriate educational materials on youth suicide and awareness, if available pursuant to *Ann Marie's Law* on ISBE's website.

3. Methods of intervention, including procedures that address an emotional or mental health safety plan for use during the school day and at school-sponsored events for a student identified as being at increased risk of suicide. Implementation will incorporate paragraph number 2, above, along with: [4]

   a. Board policy 6:65, *Student Social and Emotional Development*, implementing the goals and benchmarks of the Ill. Learning Standards and 405 ILCS 49/15(b) (requiring student social and emotional development in the District's educational program);

   b. Board policy 6:270, *Guidance and Counseling Program*, implementing guidance and counseling program(s) for students, and 105 ILCS 5/10-22.24a and 22.24b, which allow a qualified guidance specialist or any licensed staff member to provide school counseling services.

   c. Board policy 7:250, *Student Support Services*, implementing the Children's Mental Health Act of 2003, 405 ILCS 49/ (requiring protocols for responding to students with social, emotional, or mental health issues that impact learning ability); and

   d. State and/or federal resources that address emotional or mental health safety plans for students who are possibly at an increased risk for suicide, if available on the ISBE's website pursuant to *Ann Marie's Law*.

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

105 ILCS 5/10-22.39, amended by P.A. 100-903, eff. 1-1-19, requires ~~school guidance counselors, teachers, school social workers, and other~~ licensed school personnel and administrators who work with students in ~~grades 7~~kindergarten through grade 12 to be trained to identify the warning signs of suicidal behavior in youth~~adolescents and teens~~ along with appropriate intervention and referral techniques. ~~The language of P.A. 99-443 states *students*, indicating intent to cover all students, not just students in grades 7 through 12.~~ While very little guidance is available for students in grades 6 and below, *Ann Marie's Law* directs ISBE to compile, develop and post these items on its website.

Ann Marie's Law requires ISBE to develop and recommend materials. See the discussion in f/n7 below on ISBE-recommended materials.

[4] Required by 105 ILCS 5/2-3.16~~3~~6(c)(4), amended by P.A.s 99-443 and 99-642. For further discussion of 105 ILCS 5/10-22.24b, amended by P.A. 99-276, see f/n 2 in policy 6:270, *Guidance and Counseling Program*. This policy adds "for use during the school day and at school-sponsored events" to inform the public about the limitations concerning what schools can realistically provide students and their parent(s)/guardian(s). See the discussion in f/n 3 regarding the addition of the word *possibly*.

4. Methods of responding to a student or staff suicide or suicide attempt. Implementation of this requirement shall incorporate building-level Student Support Committee(s) established through Board policy 7:250, *Student Support Services*. [5]

5. Reporting procedures. Implementation of this requirement shall incorporate Board policy 6:270, *Guidance and Counseling Program,* and Board policy 7:250, *Student Support Services*, in addition to other State and/or federal resources that address reporting procedures. [6]

6. A process to incorporate ISBE-recommend resources[7] on youth suicide awareness and prevention programs, including current contact information for such programs in the District's Suicide and Depression Awareness and Prevention Program. [8]

Illinois Suicide Prevention Strategic Planning Committee

The Superintendent or designee shall attempt to develop a relationship between the District and the Illinois Suicide Prevention Strategic Planning Committee, the Illinois Suicide Prevention Coalition Alliance, and/or a community mental health agency. The purpose of the relationship is to discuss how to incorporate the goals and objectives of the Illinois Suicide Prevention Strategic Plan into the District's Suicide Prevention and Depression Awareness Program. [9]

Monitoring [10]

The Board will review and update this policy pursuant to *Ann Marie's Law* and Board policy 2:240, *Board Policy Development*.

Information to Staff, Parents/Guardians, and Students

The Superintendent shall inform each school district employee about this policy and ensure its posting on the District's website.[11] The Superintendent or designee shall provide a copy of this policy to the parent or legal guardian of each student enrolled in the District. [12]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[5] Required by 105 ILCS 5/2-3.16~~3~~(c)(5), amended by P.A.s 99-443 and 99-642. See 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Need~~Problem~~s* for information about building-level Student Support Committees. When sharing information from therapists and counselors, these committees are required to follow the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/, and the Children's Mental Health Act of 2003, 405 ILCS 49/.

[6] Required by 105 ILCS 5/2-3.16~~3~~(c)(6), amended by P.A.s 99-443 and 99-642.

[7] 105 ILCS 5/2-3.16~~3~~(b)(2)(B), amended by P.A.s. 99-443 and 99-642, directs ISBE to "compile, develop, and post on its publicly accessible Internet website both of the following, which may include materials already publicly available: (A) [r]ecommended guidelines and educational materials for training and professional development, and (B) [r]ecommended resources and age-appropriate educational materials on youth suicide awareness and prevention."

[8] Required by 105 ILCS 5/2-3.16~~3~~(c)(7), amended by P.A.s 99-443 and 99-642.

[9] Optional. At the time of publication, the status of the Illinois Suicide Prevention Strategic Plan was unclear in light of *Ann Marie's Law.* However, the plan may be found at: www.idph.state.il.us/about/chronic/Suicide_Prevention_Plan_Jan-08.pdf. Its goals and objectives reflect the input of public and private organizations and stakeholders that are concerned with mental health. It is designed to reduce suicide through a positive public health approach. The target dates for implementing these goals and objectives started in 2010 with target dates of completion in 2012. See also the Suicide Prevention Resource Center and its Illinois page at www.sprc.org/states/illinois for more information on which goals in the Illinois Suicide Prevention Strategic Plan have been implemented. The Suicide Prevention Resource Center also had an awareness public prevention pilot program titled "It Only Takes One," available at: www.itonlytakesone.org/.

[10] Required by 105 ILCS 5/2-3.16~~3~~(d), amended by P.A.s 99-443 and 99-642.

[11] Id. See 2:250-E2, *Immediately Available District Public Records and Web-Posted Reports and Records*. Consult the board attorney about whether a signature is required to prove compliance with the law's specific requirement that *each school district employee* and *each student enrolled in the District* are informed of and/or provided a copy of the policy.

Implementation

This policy shall be implemented in a manner consistent with State and federal laws, including the Children's Mental Health Act of 2003, 405 ILCS 49/, Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/, and the Individuals with Disabilities Education Act, 42 U.S.C. §12101 et seq.

The District, Board, and its staff are protected from liability by the Local Governmental and Governmental Employees Tort Immunity Act. Services provided pursuant to this policy: (1) do not replace the care of a physician licensed to practice medicine in all of its branches or a licensed medical practitioner or professional trained in suicide prevention, assessments and counseling services, (2) are strictly limited to the available resources within the District, (3) do not extend beyond the school day and/or school-sponsored events, and (4) cannot guarantee or ensure the safety of a student or the student body. [13]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[12] Id. Consult the board attorney about placing the policy in the student handbook instead of and/or in addition to providing a hard copy to each student's parent/guardian. Members of the Ill. Principals Assoc. (IPA) may subscribe to the IPA's Model Student Handbook Service, which are aligned with IASB's policy services. For more information, see: www.ilprincipals.org/resources/model-student-handbook.

[13] **Consult the board attorney for guidance concerning liability in this area.** Except for cases of willful and wanton conduct, the Local Governmental and Governmental Employees Tort Immunity Act likely protects districts from liability for failure to properly identify and/or respond to a student's mental health issue that results in suicide. See 745 ILCS 10/3-108 and Grant v. Board of Trustees of Valley View School Dist. No. 365-U, ~~676 N.E.2d 705~~286 Ill.App.3d. 642 (~~Ill. App. 3d,~~3rd Dist. 1997)~~, appeal denied, 286 Ill. App. 3d 642 (Ill., 1997)~~. However, attorneys have concerns that failing to inform parents/guardians that services required under *Ann Marie's Law* are limited may open districts to potential litigation if services provided under the policy fail or are deemed inadequate. Every situation is fact specific and the issues require careful evaluation. A disclaimer, such as the one presented here, may not be sufficient. A district may take several actions, after discussion with its board attorney, to minimize liability, such as adding limiting phrases (see discussions in f/ns 3 & 4) and ensuring other policies are followed. Ultimately, the best way to minimize liability is to be sure that the district's insurance policies cover the training and other requirements under Anne Marie's Law.

In addition to the Tort Immunity Act, school officials and districts may also be entitled to qualified immunity in civil rights lawsuits that seek to hold them liable for a suicide. See Sanford v. Stiles, 456 F.3d 298 (3d Cir.~~,~~ 2006); Martin v. Shawano-Gresham School Dist., 295 F.3d 701 (7th Cir.~~,~~ 2002)~~, Cert. Denied, 295 F.3d 70 (U.S. 2002)~~; Armijo v. Wagon Mount Public Schools, 159 F.3d 1253 (10th Cir.~~,~~ 1998). Yet, recent trends in student-on-student harassment cases are emerging where parents whose children die of suicide allege that a school's failure to properly identify or respond to the child's mental health issues was a contributing cause for the suicide.

In these cases, the parents ask courts to apply Davis v. Monroe County Board of Education, 526 U.S. 629 (1999), to *Section 504* cases. Under the *Davis standard*, parents must prove that: (1) their child was an individual with a disability~~;~~; (2) their child was harassed based upon his or her disability~~;~~; (3) the harassment was sufficiently severe or pervasive that it altered the condition of the child's education and created an abusive educational environment~~;~~; (4) the school district knew about the harassment~~;~~; and (5) the school district was deliberately indifferent to the harassment.

While not precedential in Illinois, two cases illustrate the uncertainty of liability in the emerging area of suicide prevention liability and/or failure to properly respond to a student's mental health issues: Estate of Barnwell ex rel. Barnwell v. Watson, 44 Supp.3d 859 (E.D. Ark. 2014) (plaintiff parents allowed to move forward in litigation alleging that school district's *Section 504* failures contributed to their son's suicide) and Estate of Lance v. Lewisville Independent School Dist., 743 F.3d 982 (5th[th] Cir. 2014) (found in favor of the school district).

LEGAL REF.: 105 ILCS 5/2-3.1663, 5/14-1.01 et seq., 5/14-7.02, and 5/14-7.02b.
745 ILCS 10/.

CROSS REF.: 2:240 (Board Policy Development), 5:100 (Staff Development Program), 6:60 (Curriculum Content), 6:65 (Student Social and Emotional Development), 6:120 (Education of Children with Disabilities), 6:270 (Guidance and Counseling Program), 7:180 (Prevention of and Response to Bullying, Intimidation, and Harassment), 7:250 (Student Support Services)

Students

Administrative Procedure - Resource Guide for Implementation of Suicide and Depression Awareness and Prevention Program

The Superintendent or designee, at the District level, or the Building Principal or designee, at the building level, is responsible for implementing the Board's goals of increasing awareness and prevention of depression and suicide. The Superintendent and/or Building Principal(s) may want to assign Student Support Committees as established under 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health* ~~*Problems*~~*Needs*, to assist them with the implementation of these goals. Use other locally available resources that may not be listed below to determine the best implementation methods.

Listed below are the six policy implementation components of Ann Marie's Law, 105 ILCS 5/2-3.16~~6~~3(c), amended by P.A.s 99-443 and 99-642, that are required to be included in Board policy 7:290, *Suicide and Depression Awareness and Prevention*. Each component lists specific implementation steps, along with any applicable sample **PRESS** policies, administrative procedures and/or exhibits, available State and/or federal resources, and examples if available. The resources listed in this procedure, and any information provided in the hyperlinks, should be confirmed with the Board Attorney before the Superintendent, Building Principal, or Student Support Committees apply them to a specific situation in the District.

Policy Implementation Components of Ann Marie's Law

1. Awareness and Prevention Education Protocols for Students and Staff (105 ILCS 5/2-3.16~~6~~3(c)(2)).

   a. For students, review 6:60, *Curriculum Content*, requiring health education for developing a sound mind and a healthy body and 7:250, *Student Support Services*, requiring protocols for responding to students with social, emotional, or mental health issues that impact learning ability.

   b. For staff, review, 5:100, *Staff Development Program*, discussing in-service training and citing required teacher institute training concerning the warning signs of suicidal behavior, and assess incorporating information from the following resources:

      Preventing Suicide: A Toolkit for High Schools (*SAMHSA Toolkit*), Chapter 4: Staff Education and Training including Tools, pp. 111 through 123 at: store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

      Ill.~~inois~~ State Board of Education (ISBE)-recommended guidelines and educational materials for training and professional development and ISBE-recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.16~~6~~3(b)(2)(B), amended by P.A.s 99-443 and 99-642).

2. Methods of Prevention, Early Identification, and Referral (105 ILCS 5/2-3.16~~6~~3(c)(3)).

   ~~a.~~ For staff ~~working with students in grades 7 through 12~~, review: 5:100, *Staff Development* ~~*Development*~~*Program*, discussing required behavioral training for school personnel; ~~who work with students in these grades and see 2.b., below.~~

~~b.~~a. ~~For staff working with students in all grades, review~~ 6:60, *Curriculum Content* (see above for description); 7:250, *Student Support Services* (see above for description); and 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Need~~Problem~~s*, establishinge~~s~~ Student Support Committees to identify, prevent, and refer for students services with mental health challenges.

~~c.~~b. For staff ~~working with students in all grades~~, assess incorporating information from the following resources:

SAMHSA Toolkit at: store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

Chapter 1: Getting Started pp. 15-22; Tool 1.A, Suicide Prevention: Facts for Schools, p. 24; and Tools 1.D-1.H, pp. 32-51 (includes various youth suicide prevention topics).

Chapter 4: Staff Education and Training including Tools, pp. 111-123.

Chapter 7: Screening, and Resources: Staff Education and Screening including Tools, pp. 157-171.

ISBE *Suicide Prevention* at: www.isbe.net/Pages/Suicide-Prevention.aspx.

ISBE recommended guidelines and educational materials for training and professional development and ISBE recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.16~~63~~(b)(2)(B), amended by P.A.s 99-443 and 99-642).

Illinois Suicide Prevention Strategic Plan at: idph.state.il.us/about/chronic/Suicide_Prevention_Plan_Jan-08.pdf.

Free online training for public schools in recognizing students exhibiting psychological distress is provided in Illinois by the Illinois Youth Suicide Prevention Project, Illinois Department of Public Health, available at: ill.kognito.com/.

Sample policy (procedures) on youth suicide prevention are available from The Trevor Project at: thetrevorproject.org/pages/modelschoolpolicy

Risk and Protective Factors for Suicide available at: www.isbe.net/Pages/Suicide-Prevention.aspx. ~~itonlytakesone.org/preventing-suicide/protective-risk-factors/.~~ sprc.org/sites/sprc.org/files/library/RiskProtectiveFactorsPrimer.pdf.

~~d.~~c. Review and train staff on appropriate identification procedures (see example below):

Identification of the At-Risk Student

Note: A more detailed procedure may be developed with the aid of the resources in 2.be., above.

1) An employee having any reason to believe a student is considering or threatening suicide is to contact the Building Principal and District social worker/counselor.

2) The social worker/counselor or Building Principal will meet with the student.

3) The social worker/counselor will call the student's parent(s)/guardian(s) and arrange a meeting. All calls and meetings with parent(s)/guardian(s) will be documented and a copy of the documentation sent by certified mail to the parent(s)/guardian(s).

4) The social worker/counselor will suggest to the parent(s)/guardian(s) that the State or community mental health agency be contacted. This suggestion shall be a part of the documentation sent to the parent(s)/guardian(s). A student should never be left alone if an employee reasonably believes the student is in imminent risk of suicide. An employee should immediately contact the student's parent(s)/guardian(s).

3. Methods of Intervention; Emotional or Mental Health Safety Plans for At-Risk Students (105 ILCS 5/2-3.16~~63~~(c)(4)).

   a. Review policies 6:65, *Student Social and Emotional Development*, incorporating student social and emotional development into the District's educational program as required by the goals and benchmarks of the Ill. Learning Standards and 405 ILCS 49/15(b); 6:270, *Guidance and Counseling Program*, requiring the District to have guidance counseling available to implement the protocols directed in 7:250, *Student Support Services;* and 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Need~~Problem~~s*, requiring protocols for responding to students with social, emotional, or mental health need~~problem~~s that impact learning ability as required by the Children's Mental Health Act of 2003, 405 ILCS 49/.

   b. Train staff pursuant to 105 ILCS 5/10-22.24b, which allows school counseling services to be used for suicide issues and intervention.

   c. Assess incorporating information from the following resources:

      SAMHSA Toolkit at: store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

      Chapter 2: Protocols for Helping Students at Risk of Suicide, pp. 57-66 and Tools 2.A-2.B.2, pp. 68-72.

      Chapter 6: Student Programs including Tools, pp. 139-156.

      Resources: Getting Started, pp. 177-182; Staff Education and Training, pp. 186-192; and Student Education and Skill-Building, pp. 194-204.

      ISBE recommended guidelines and educational materials for training and professional development and ISBE-recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.16~~63~~(b)(2)(B), amended by P.A.s 99-443 and 99-642).

      Illinois Suicide Prevention Strategic Plan at: idph.state.il.us/about/chronic/Suicide_Prevention_Plan_Jan-08.pdf.

4. Methods of Responding to a Suicide Attempt (105 ILCS 5/2-3.16~~63~~(c)(5)).

   a. Review policies listed above in number 3.a.

   b. Assess incorporating information from the following resources:

      SAMHSA Toolkit at: store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

      Chapter 3: After a Suicide including Tools, pp. 92-109. (some material adaptable to a suicide attempt)

      Resources: Crisis Response Postvention, pp. 182-185.

      After a Suicide: A Toolkit for Schools (ISBE Toolkit) at:

www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf. (some material adaptable to a suicide attempt)

ISBE recommended guidelines and educational materials for training and professional development and ISBE-recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.1663(b)(2)(B), amended by P.A.s 99-443 and 99-642).

5. Reporting Procedures (105 ILCS 5/2-3.1663(c)(6)).

   a. Review 6:270, *Guidance and Counseling Program*, providing a counseling program that the Superintendent may designate as responsible for development of the District's depression awareness and suicide prevention program procedures; 7:250, *Student Support Services*, identifying District support services that will be ultimately responsible for properly implementing the reporting procedures; and 7:250-AP2, *Protocol for Responding to Students with Social, Emotional, or Mental Health Need~~Problem~~s*, establishing Student Support Committees for purposes of identifying, preventing and referring for services students with mental health needs~~challenges~~.

   b. Assess incorporating information from the following resources:

      SAMHSA Toolkit at: store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.

      Chapter 2: Protocols for Helping Students at Risk of Suicide: Tools 2.B.3-6 (pp. 70-72), 2.C (p. 79) and 2.D (pp. 70-81).

      ISBE recommended guidelines and educational materials for training and professional development and ISBE-recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.1663(b)(2)(B), amended by P.A.s 99-443 and 99-642).

   c. Review appropriate identification procedures (see example below):

      Documentation Regarding the At-Risk Student

      Note: A more detailed procedure may be developed with the aid of the resources in 5.b., above.

      1) District employees shall take notes on any conversations that involve or relate to the at-risk student. The notes shall become a part of a written report to the Building Principal.

      2) Conversations that involve or relate to the at-risk student shall be confirmed in writing with the other party(s).

      3) The Superintendent shall receive a copy of all reports and documentation regarding the at-risk student.

      4) The social worker/counselor shall prepare a report of the situation for the student's records.

   d. Provide training for staff regarding identification procedures that the District will implement.

6. Resources and Contact Information (105 ILCS 5/2-3.1663(c)(7)).

   a. Illinois suicide prevention organizations and State contacts at: sprc.org/states/illinois:

Jennifer L. Martin, Injury Prevention Coordinator (at time of publication)
535 West Jefferson, 2nd Floor
Springfield, IL 62761
Jennifer.L.Martin@illinois.gov
(217) 558-4081

Patricia Reedy, Chief Social Worker, Division of Mental Health, Illinois Department of Human Services (at time of publication)
401 South Clinton Street
Chicago, IL 60607
Patricia.Reedy@illinois.gov
(312) 814-1656

b. Primary implementation resources for 7:290-AP, *Resource Guide for Implementation of Suicide and Depression Awareness and Prevention Program*:

SAMHSA Toolkit: Chapter 1: Getting Started; Tools 1.I and 1.J., pp. 52-53.

Resources: Screening Program, p. 205; and National Organization and Federal Agencies with Resource and Information on Adolescent Suicide Prevention, pp. 206-208.

ISBE *Toolkit* at:
www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf.

ISBE *Suicide Prevention* at: www.isbe.net/Pages/Suicide-Prevention.aspx.

ISBE recommended guidelines and educational materials for training and professional development and ISBE-recommended resources containing age-appropriate educational materials on youth suicide and awareness, if available on ISBE's website pursuant to Ann Marie's Law (105 ILCS 5/2-3.1663(b)(2)(B), amended by P.A.s 99-443 and 99-642).

Illinois Suicide Prevention Strategic Plan at:
idph.state.il.us/about/chronic/Suicide_Prevention_Plan_Jan-08.pdf.

c. Other available resources:

Altman, Lawrence, *How Schools Should Respond to Student with Mental Health Issues*. National School Board Association, Council of School Attorney's Inquiry & Analysis (published October 2015) discussing best practices for school district responses to student mental health issues, including Section 504, Title IX, and IDEA obligations, available at: www.nsba.org/sites/default/files/reports/1015_InquiryAnalysis-Updated2.pdf.

American Foundation for Suicide Prevention, Illinois Chapter at:
afsp.org/local-chapters/find-your-local-chapter/afsp-illinois

National Suicide Prevention ~~Center~~ Lifeline at: https://suicidepreventionlifeline.org/~~suicidepreventionlifeline.org/GetHelp/WhatIfSomeoneIKnowNeedsHelp.aspx~~.

Sexual Orientation, Gender Identity and Youth Suicide at:
dph.illinois.gov/sites/default/files/publications/suicidesexualorientationinyouth.pdf.

The Suicide Prevention Resource Center (SPRC) (sprc.org/) has an Illinois-specific site at: sprc.org/states/illinois.

The Suicide Resource Center has an awareness public prevention pilot program titled *It Only Takes One* at: itonlytakesone.org/.

Students

Student Athlete Concussions and Head Injuries [1]

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by students. The program shall:

1. Fully implement the Youth Sports Concussion Safety Act, that provides, without limitation, each of the following: [2]

   a. The Board must appoint or approve member(s) of a Concussion Oversight Team for the District. [3]

   b. The Concussion Oversight Team shall establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention: [4]

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[1] Three Illinois statutes in the School Code have addressed student concussions:

(1) The Youth Sports Concussion Safety Act, 105 ILCS 5/22-80, added by P.A. 99-245; amended by P.A.s 99-486 (delayed the compliance deadline until the beginning of the 2016-2017 school year) and 100-747, eff. 1-1-19; ~~trailer legislation (P.A. 99-486) amended the Act to delay the compliance deadline until the beginning of the 2016-2017 school year~~. The Act contains concussion safety directives for school boards and certain identified staff members. A school district must implement Sec. 22-80 if it offers interscholastic athletic activities or interscholastic athletics under the direction of a coach (volunteer or school employee), athletic director, or band leader. A school district may need to implement its return-to-learn protocol for a student's return to the classroom after he or she is believed to have experienced a concussion, "whether or not the concussion took place while the student was participating in an interscholastic activity." 105 ILCS 5/22-80(d). For a comprehensive discussion of this Act, see the IASB publication *Checklist for Youth Sports Concussion Safety Act* at: ~~iasb.com/law/.~~ https://www.iasb.com/law/Checklistconcussionsafetyact.pdf. Helpful guidance for implementing this law is available from the Lurie Children's Hospital's *A Guide for Teachers and School Professionals.*

(2) 105 ILCS 25/1.15 requires: (a) all high school coaching personnel to complete online concussion awareness training; and (b) all student athletes to view the IHSA video about concussions.

(3) 105 ILCS 25/1.20, added by P.A. 99-831, requires the IHSA to require all member districts that have certified athletic trainers to have those trainers complete and submit a monthly report on student-athletes who have sustained a concussion during: (1a) a school-sponsored activity overseen by the athletic trainer; or (2) a school-sponsored event of which the athletic director is made aware.

The Center for Disease Control and Prevention explains that a concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head, or by a hit to the body that causes the head and brain to move rapidly back and forth. See www.cdc.gov/headsup/index.html. The CDC website contains excellent resources for the recognition, response, and prevention of concussions, including the opportunity to order or download free educational materials on concussions that can be distributed to parents, students, and coaches.

[2] 105 ILCS 5/22-80, added by P.A. 99-245; amended by P.A.s 99-486, ~~and~~ 100-309, and 100-747, eff. 1-1-19.

[3] 105 ILCS 5/22-80(d), added by P.A. 99-245; amended by P.A.s 99-486 and 100-309. A physician, to the extent possible, must be on the Team. If the school employs an athletic trainer and/or nurse, they must be on the Team to the extent practicable. The Team must include, at a minimum, one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the Team. Other licensed health care professionals may be appointed to serve on the Team. The statute provides that the Team may be composed of only one person who need not be a licensed healthcare professional, however, that person may not be a coach. Id.

As this is administrative/staff work rather than governance work, the best practice is to have the Concussion Oversight Team be an *administrative* committee, but consult the board attorney for guidance. If it is a board committee, it must comply with the Open Meetings Act, 5 ILCS 120/1.02. For a discussion of the Open Meetings Act's treatment of committees, see the footnotes in 2:150, *Committees*.

[4] 105 ILCS 5/22-80(d).

i. A return-to-play protocol governing a student's return to interscholastic athletics practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. [5]

ii. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise the person responsible for compliance with the return-to-learn protocol. [6]

c. Each student and the student's parent/guardian shall be required to sign a concussion information receipt form each school year before participating in an interscholastic athletic activity. [7]

d. A student shall be removed from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol. [8]

e. A student who was removed from interscholastic athletic practice or competition shall be allowed to return only after all statutory prerequisites are completed, including without

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[5] The Youth Sports Concussion Safety Act contains requirements for a student to return to play following a concussion Id. The supervisor of the person responsible for compliance with the return-to-play protocol may not be a coach. The student's treating physician, physician assistant, advanced practice registered nurse, or an athletic trainer working under a physician's supervision must evaluate and find that it is safe for the student to return to play. The student's parent/guardian must sign a consent form that complies with statutory prerequisites. In addition, the student must also complete the requirements in the district's return-to-play and return-to-learn protocols. Thus, the district through its protocols may add requirements for the student's return, but may not delete any statutory requirements.

It is an open question whether the return-to-play protocol is limited to when the concussion occurred during an interscholastic athletic activity because the statute does not state "whether or not the concussion took place while the student was participating in an interscholastic athletic activity." It makes sense, however, to apply the return-to-play protocol whenever a student suffers a concussion before allowing him or her to participate in an interscholastic athletic activity. See IHSA's *Post-concussion Consent Form (RTP/RTL)* at: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx

[6] 105 ILCS 5/22-80(g), added by P.A. 99-245; amended by P.A.s 99-486, ~~and~~ 100-309, and 100-747, eff. 1-1-19. The supervisor of the person responsible for compliance with the return-to-learn protocol may not be a coach. The return-to-learn protocol governs a student's return to the classroom after a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity. Guidance from Lurie Children's Hospital explains that recovery from a concussion must be an individualized process because no two concussions are the same. See *Return to Learn after a Concussion: A Guide for Teachers and School Professionals*, Lurie Children's Hospital. This *Guide* explains that a student's full recovery depends on both cognitive rest and physical rest. It suggests using a multidisciplinary team to facilitate a student's return to the classroom and provides examples of accommodations and interventions. It also stresses the importance of identifying a school staff member who will function as a case manager or concussion management leader, such as a school nurse, athletic trainer, or school counselor. See IHSA's *Post-concussion Consent Form (RTP/RTL)* at: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.

[7] 105 ILCS 5/22-80(e), added by P.A. 99-245, amended by P.A. 99-486. *Interscholastic athletic activity* is defined in Section 22-80(a) as "any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. The form must be approved by the Illinois High School Association (IHSA). See ihsa.org/Resources/SportsMedicine/ConcussionManagement/5ConcussionResources.aspx, for *IHSA Concussion Protocols* and *IHSA Sports Medicine Acknowledgement & Consent Form* (Concussion, PES, Asthma Medication).

[8] 105 ILCS 5/22-80(f), added by P.A. 99-245, amended by P.A. 99-486.

limitation, the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn. **9**

f. The following individuals must complete concussion training as specified in the Youth Sports Concussion Safety Act: all coaches or assistant coaches (whether volunteer or a district employee) of interscholastic athletic activities; nurses, licensed healthcare professionals or non-licensed healthcare professionals who serve on the Concussion Oversight Team (whether or not they serve on a volunteer basis); athletic trainers; game officials of interscholastic athletic activities; and physicians who serve on the Concussion Oversight Team. **10**

g. The Board shall approve school-specific emergency action plans for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly. **11**

2. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association (IHSA), including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussion,* which includes its *Return to Play (RTP) Policy*.**12** These specifically require that:

a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.

b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.

c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a

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The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

9 105 ILCS 5/22-80(g), added by P.A. 99-245, amended by P.A.s 99-486, ~~and~~ 100-309, and 100-747, eff. 1-1-19. Most students with a concussion will not need a formal 504 plan or individualized education program; contact the board attorney whenever one is requested or the student's symptoms are prolonged.

10 105 ILCS 5/22-80(h), added by P.A. 99-245, amended by P.A.s 99-486 and 100-309. Individuals covered by this training mandate must take a training course from an authorized training provider prior to serving on a Concussion Oversight Team (Team) and at least once every two years (or if not serving on the Team, at least once every two years). See the footnotes in 5:100, *Staff Development Program.* Physicians on Teams are required, to the greatest extent practicable, to periodically take an appropriate medical course on concussions. 105 ILCS 5/22-80(h)(3).

Note: *Licensed healthcare professionals* includes nurses and licensed clinical psychologists, physical therapists, occupational therapists, physicians' assistants, and athletic trainers working under the supervision of a physician. 105 ILCS 5/22-80(b). *Non-licensed healthcare professionals* is not specifically defined. Therefore, it is not entirely clear if a Team may include an individual, i.e., a building principal that is not mandated to take the training. As a matter of best practice and to reduce liability, all Team members should receive the training; however, consult with the board attorney for further guidance.

11 105 ILCS 5/22-80(i), added by P.A. 99-245~~;~~, amended by P.A. 99-486. A template is available on the IHSA website under *Emergency Action Plan (EAP) Resources* at: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.

12 The *Protocol for Implementation of NFHS Sports Playing Rules for Concussion* (http://ihsa.org/documents/sportsMedicine/Concussion%20Protocols.pdf) contains concussion information, provides instructions when a student athlete sustains an apparent concussion, and includes a *Return to Play (RTP) Policy*. The *Return to Play (RTP) Policy* addresses the requirements for returning a student athlete to play after he or she exhibits signs, symptoms, or behaviors of a concussion.

physician licensed to practice medicine in all its branches in Illinois, advanced practice registered nurse, physician assistant or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.[13]

3. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain online concussion certification by completing online concussion awareness training in accordance with 105 ILCS 25/1.15. [14]

4. Require all student athletes to view the ~~Illinois High School Association's~~IHSA video about concussions. [15]

5. Inform student athletes and their parent(s)/guardian(s) about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition. [16]

6. Provide coaches and student athletes and their parent(s)/guardian(s) with educational materials from the ~~Illinois High School Association~~IHSA regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. [17]

7. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion. [18]

~~7.~~8. Include a requirement for staff members to distribute the Ill. Dept. of Public Health concussion brochure to any student or the parent/guardian of a student who may have sustained a concussion, regardless of whether or not the concussion occurred while the student was participating in an interscholastic athletic activity, if available. [19]

[For high school districts that belong to the IHSA and have certified athletic trainers.]

~~8.~~9. Include a requirement for certified athletic trainers to complete and submit a monthly report to the ~~Illinois High School Association~~IHSA on student-athletes who have sustained a

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The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

[13] 105 ILCS 5/22-80(g)(4), amended by P.A.s 100-309 and 100-747, eff. 1-1-19, and 225 ILCS 65/20-10, amended by P.A. 100-513. P.A. 100-513 amended the Nurse Practice Act to add *registered* to the definition of *advanced practice registered nurse*; ~~accordingly, this policy reflects that change in terminology, even though~~ P.A. 100-747, eff. 1-1-19, similarly amended Section 22-80 ~~was not similarly amended~~.

[14] 105 ILCS 25/1.15(b) requires high school coaching personnel and athletic directors hired before 8-18-14 to have been certified by 8-19-15. Coaching personnel and athletic directors hired on or after 8-19-14 must be certified before the starting date of their position.

[15] 105 ILCS 25/1.15(e).

[16] Required by 23 Ill.Admin.Code §1.530(b). IHSA drafted a sample *Concussion Information Sheet*, which is included within the *IHSA Sports Medicine Acknowledgement & Consent Form* and has been incorporated into 7:300-E1, *Agreement to Participate*. See~~:~~ ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.

An ISBE rule defines *health-related information* to include a concussion policy acknowledgment 23 Ill.Admin.Code §375.10. The acknowledgment, therefore, must be kept with the student's school student records as a temporary record. 23 Ill.Admin.Code §375.40.

[17] IHSA has produced educational materials on concussions for coaches, parents/guardians, student athletes, and the school and health care providers on concussions. See: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.

[18] This provision is optional.

[19] Required by 20 ILCS 2310/2310-307, added by P.A. 100-747, eff. 1-1-19.

concussion during: 1) a school-sponsored activity overseen by the athletic trainer; or 2) a school-sponsored event of which the athletic director is made aware.[20]

LEGAL REF.: 105 ILCS 5/22-80.
105 ILCS 25/1.15.

CROSS REF.: 4:170 (Safety), 5:100 (Staff Development Program), 7:300 (Extracurricular Athletics)

The footnotes are not intended to be part of the adopted policy; they should be removed before the policy is adopted.

20 Required by 105 ILCS 25/1.20, added by P.A. 99-831, for high school districts that belong to the IHSA and have certified athletic trainers.

Students

Administrative Procedure - Program for Managing Student Athlete Concussions and Head Injuries

State Law

1. The Youth Sports Concussion Safety Act contains concussion safety directives for ~~school~~ School Boards and certain identified staff members. 105 ILCS 5/22-80, added by P.A. 99-245, amended by P.A.s 99-486, ~~and P.A.~~ 100-309, and 100-747. A School District must implement Sec. 22-80 if it offers interscholastic athletic activities or interscholastic athletics under the direction of a coach (volunteer or school employee), athletic director, or band leader. An *interscholastic athletic activity* "means any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be interscholastic activities." 105 ILCS 5/22-80(b).

   A School District may need to implement its return-to-learn protocol for a student's return to the classroom after he or she is believed to have experienced a concussion, "whether or not the concussion took place while the student was participating in an interscholastic activity." 105 ILCS 5/22-80(d). For a comprehensive discussion of this Act, see the IASB publication, *Checklist for Youth Sports Concussion Safety Act,* at: ~~iasb.com/law/.~~ https://www.iasb.com/law/Checklistconcussionsafetyact.pdf~~*Checklist for Youth Sports Concussion Safety Act*, at: iasb.com/law/concussions.cfm~~. Helpful guidance for implementing this law plus training modules are available from the Lurie Children's Hospital's *A Guide for Teachers and School Professionals*, also available using the above link.

2. 105 ILCS 25/1.15 requires: (a) all high school coaching personnel to complete online concussion awareness training, and (b) all student athletes to view the IHSA video about concussions.

3. 105 ILCS 25/1.20, added by P.A. 99-831, requires the IHSA to require all member districts that have certified athletic trainers to have those trainers complete and submit a monthly report on student-athletes who have sustained a concussion during: (1) a school-sponsored activity overseen by the athletic trainer; or (2) a school-sponsored event of which the athletic director is made aware. **Concussion** - A complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness. 105 ILCS 5/22-80. See also: *Returning to School After a Concussion: A Fact Sheet for School Professionals*, www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf.

~~3.~~4. 20 ILCS 2310/2310-207, added by P.A. 100-747, eff. 1-1-19, requires: (a) the Ill. Dept. of Public Health (IDPH), subject to appropriation, to develop, publish, and disseminate a brochure to educate the general public on the effects of concussions in children and discuss how to look for concussion warning signs in children, and (b) schools to distribute this brochure, free of charge, to any child or parent/guardian of a child who may have sustained a concussion, regardless of

whether or not the concussion occurred while the child was participating in an interscholastic athletic activity, if available.

Actor	Action
School Board	Adopt a Board policy on concussions. See policy 7:305, *Student Athlete Concussions and Head Injuries*. Approve members of the Concussion Oversight Team. 105 ILCS 5/22-80(d). Approve school-specific emergency action plan(s) for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly. 105 ILCS 5/22-80(i). Monitor the effectiveness of Board policy 7:305, *Student Athlete Concussions and Head Injuries*, by discussing with the Superintendent or designee the type of data the Board needs to monitor the policy, establishing a monitoring calendar, and reviewing the data provided by the Superintendent or designee.
Superintendent or designee	Identify individuals to serve on the Concussion Oversight Team; request Board approval. 105 ILCS 5/22-80(d). A physician, to the extent possible, must be on the Team. If the school employs an athletic trainer and/or nurse, he or she must be on the Team to the extent practicable. The Team must include, at a minimum, one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the Team. Other licensed health care professionals may be appointed to serve on the Team. The Team may be composed of only one person who need not be a licensed healthcare professional, but may not be a coach. **Note**: As this is administrative/staff work rather than governance work, the best practice is to have the Concussion Oversight Team be an *administrative* committee, but consult the Board Attorney for guidance. If it is a Board committee, it must comply with the Open Meetings Act, 5 ILCS 120/1.02. For a discussion of the Open Meetings Act's treatment of committees, see the footnotes in Board policy 2:150, *Committees*. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain an online concussion certification in accordance with 105 ILCS 25/1.15. Coaching personnel and athletic directors hired on or after 8-19-14 must be certified before their position's starting date. Require that the following individuals complete concussion training as specified in the Youth Sports Concussion Safety Act: coaches or assistant coaches (whether volunteer or a District employee) of interscholastic athletic activities; nurses, physicians, other licensed health professionals and non-licensed health care professionals who

Actor	Action
	serve on the Concussion Oversight Team; athletic trainers; and game officials of interscholastic athletic activities. 105 ILCS 5/22-80(h). Individuals covered by this training mandate must initially have completed the training prior to serving on the Concussion Oversight Team and at least once every two years (or if not on the Team, at least once every two years). See the footnotes in policies 5:100, *Staff Development Program,* and 7:305, *Student Athlete Concussions and Head Injuries.* Identify the staff members who are responsible for student athletes, including Building Principals, and require that they comply with IHSA concussion protocols, policies, and by-laws, including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussions,* at: www.ihsa.org/documents/sportsmedicine/ihsa_protocols_for_nfhs_concussion_playing_rule.pdf. Along with the Building Principal(s), develop and maintain school-specific emergency action plan(s) for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly; present it/them to the Board for approval. 105 ILCS 22-80(i). Hold the staff members responsible for implementing this procedure.
Concussion Oversight Team	Establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention. 105 ILCS 5/22-80(d). See www.cdc.gov/headsup/index.html. 1. A *return-to-play protocol* governing a student's return to interscholastic athletic practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee (not a coach) must supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. 105 ILCS 5/22-80(g). The student's treating physician or an athletic trainer working under a physician's supervision must evaluate and find that it is safe for the student to return to play. The student's parent/guardian must sign a consent form that complies with statutory prerequisites. IHSA's website contains a form for this, *Post-concussion Consent Form (RTP/RTL)*, at: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx. It is an open question whether the return-to-play protocol is limited to when the concussion occurred during an interscholastic athletic activity, because the statute does not state "whether or not the concussion took place while the student was participating in an interscholastic athletic activity." It makes sense, however, to

Actor	Action
	apply the return-to-play protocol whenever a student suffers a concussion before allowing him or her to participate in an interscholastic athletic activity. 2. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee (not a coach) must supervise the person responsible for compliance with the return-to-learn protocol. 105 ILCS 5/22-80(g). The return-to-learn protocol governs a student's return to the classroom after a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity. Guidance from Lurie Children's Hospital explains that recovery from a concussion must be an individualized process, because no two concussions are the same. See *Return to Learn after a Concussion: A Guide for Teachers and School Professionals*, Lurie Children's Hospital. This Guide explains that a student's full recovery depends on both cognitive and physical rest. It suggests using a multidisciplinary team to facilitate a student's return to the classroom and provides examples of accommodations and interventions. It also stresses the importance of identifying a school staff member who will function as a case manager or concussion management leader, e.g., a school nurse, athletic trainer, or school counselor.
Building Principals or designees	Along with the Superintendent, develop and maintain school-specific *emergency action plan(s)* for interscholastic athletic activities to address serious injuries and acute medical conditions that may cause a student's condition to deteriorate rapidly; present the plan(s) to the Superintendent who will present it/them to the Board for approval. 105 ILCS 22-80(i). A template is available on the IHSA website under Emergency Action Plan (EAP) Resources, at: www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx. Require coaches and assistant coaches, trainers, and other staff members who are responsible for student athletes to: 1. Review and abide by the IHSA protocols, polices, and by-laws regarding concussions and head injuries, at: www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/StakeholderResponibilities.aspx. 2. Provide information to student athletes and their parents/guardians each school year about concussions and otherwise perform all duties identified by law or described in this procedure. School districts must include information about concussions in

Actor	Action
	the student athlete agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before participating in a practice or interscholastic competition. IHSA drafted a sample *Concussion Information Sheet*, which is included within the *IHSA Sports Medicine Acknowledgement & Consent Form* at: ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx. It has been incorporated into 7:300-E1, *Agreement to Participate*. 3. Distribute the IDPH concussion brochure, if available, to any student or the parent/guardian of a student who may have sustained a concussion, regardless of whether or not the concussion occurred while the student was participating in an interscholastic athletic activity. 20 ILCS 2310/2310-307. Maintain appropriate school student records for student athletes. Although a *concussion policy acknowledgment* is no longer required, an ISBE rule defines *health-related information* to include a *concussion policy acknowledgment*. 23 Ill.Admin.Code §375.10. The acknowledgment must be kept with the student's school student records as a temporary record. 23 Ill.Admin.Code §375.40. All written information concerning an injury to a student athlete, including without limitation, a return-to-play clearance, must be kept with the student's school student records as a temporary record. 23 Ill.Admin.Code §§375.10 and 375.40. An ISBE rule defines *health-related information* to include "other health-related information that is relevant to school participation, e.g., nursing services plan, failed screenings, yearly sports physical exams, interim health histories for sports." 23 Ill.Admin.Code §375.10.
Each student participant in an interscholastic athletic activity and his or her parent/guardian	Each school year, sign a concussion information receipt form before participating in an interscholastic athletic activity. 105 ILCS 5/22-80(e). *Interscholastic athletic activity* is defined on the first page of this procedure. 105 ILCS 5/22-80(b). The form must be approved by IHSA. See ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx, for *IHSA Concussion Protocols* and *IHSA Sports Medicine Acknowledgement & Consent Form (Concussion, PES, Asthma Medication)* Annually view IHSA's video about concussions (applicable to only high school student athletes). 105 ILCS 25/1.15(e). Become knowledgeable about the concussion symptoms and ask questions of any athletic staff member. Inform the coach or other supervisor about any trauma to the student's

Actor	Action
	head and/or any symptoms of a concussion or confirmed concussion regardless of where and when it occurred. Follow the District's return-to-play and/or return-to-learn protocol(s), as applicable, whenever the student suffers a concussion.
Coaches or Assistant Coaches (whether volunteer or a District employee) of *interscholastic athletic activities*; Nurses and Physicians who serve on the Concussion Oversight Team; Athletic Trainers; and Game Officials of *interscholastic athletic activities*	Complete concussion training as specified in the Youth Sports Concussion Safety Act. 105 ILCS 5/22-80(h). *Interscholastic athletic activity* is defined on the first page of this procedure. 105 ILCS 5/22-80(b). Individuals covered by this training mandate must complete the training prior to serving on the Concussion Oversight Team and at least once every two years (or if not on the Team, at least once every two years). See the footnotes in policy 5:100, *Staff Development Program.* Complete IHSA's online concussion certification program (required only of high school coaching personnel including, without limitation, athletic directors). 105 ILCS 25/1.15. Learn concussion symptoms and danger signs. See www.ihsa.org/documents/sportsmedicine/ihsa_concussion_information_sheet.pdf.
Coaches and Assistant Coaches of interscholastic athletic activities Athletic Trainers Other staff members who are responsible for student athletes	Each school year, have student athletes and their parents/guardians, or another person with legal authority to make medical decisions for the student, sign a form "that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion." The form must be approved by IHSA. 105 ILCS 5/22-80(e). Each school year, inform student athletes and their parents/guardians about concussions and head injuries by: 1. Giving them a copy of the IHSA's *Concussion Information Sheet* at the time they sign exhibit 7:300-E1, *Agreement to Participate*, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition. The *Concussion Information Sheet*, is included within the ***IHSA Sports Medicine Acknowledgement & Consent Form*** at: www.ihsa.org/Resources/DownloadCenter.aspx. 2. Using educational material provided by IHSA to educate student athletes and parents/guardians about the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. See www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx. The Center for Disease Control and Prevention offers free

Actor	Action
	printed educational materials on concussions that can be ordered or downloaded and distributed to parents, students, and coaches. See www.cdc.gov/headsup/index.html. Remove a student from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol. 105 ILCS 5/22-80(f). Comply with the IHSA concussion management guidelines, including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussion*, which includes its *Return to Play (RTP) Policy*, at: www.ihsa.org/documents/sportsmedicine/ihsa_protocols_for_nfhs_concussion_playing_rule.pdf. These guidelines, in summary, require that: 1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game shall be removed from participation or competition at that time. 2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer. 3. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois, advanced practice registered nurse, physician assistant or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois, and has completed the return-to-play protocol in compliance with the Youth Sports Concussion Safety Act, 105 ILCS 5/22-80(g). Inform the student athlete's parent/guardian about a possible concussion and give the parent/guardian a fact sheet on concussion, at: www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx. Allow a student who was removed from interscholastic athletic practice or competition to return only after all statutory prerequisites are completed, including without limitation, completing the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn. 105 ILCS 5/22-80(g).

Actor	Action
	Most students with a concussion will not need a formal 504 plan or individualized education program; contact the Board Attorney whenever one is requested or the student's symptoms are prolonged.
Athletic trainers	Complete a monthly report on student-athletes who have sustained a concussion during: (1) a school-sponsored activity overseen by the athletic trainer; or (2) a school-sponsored event of which the athletic director is made aware. Do not identify student names in the monthly report. 105 ILCS 25/1.20. Submit this monthly report to the interscholastic athletic organization to which the school belongs.