

## Students

### Administering Medicines to Students <sup>1</sup>

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. <sup>2</sup>

### Self-Administration of Medication <sup>3</sup>

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.<sup>4</sup> 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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<sup>1</sup> 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.

<sup>2</sup> 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](http://www.ilprincipals.org/resources/model-student-handbook).

<sup>3</sup> 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.

<sup>4</sup> 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 District 97 Board of Education recognizes that asthma is a chronic, life-threatening condition that can result in hospitalization and is responsible for numerous missed school days every year. With this in mind, the Superintendent or designee shall implement Section 22-30 of the School Code and may maintain a supply of undesignated quick-relief asthma medication, including albuterol or other short-acting bronchodilators, in the name of the District, that are approved by the United States Food and Drug Administration and can be provided or administered 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, may administer an undesignated asthma medication to a person when they, in good faith, believe a person is having respiratory distress. Respiratory distress is defined as the "perceived or actual presence of wheezing, coughing, shortness of breath, chest tightness, breathing difficulties, or any other symptoms consistent with asthma" and may be characterized as mild-to-moderate or severe. 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.

### **Definitions**

For the purposes of this policy, the following definitions have the following meanings:

1. "Bronchodilators" means any medication used for the quick relief of asthma symptoms that dilates the airways and is recommended by the National Heart, Lung and Blood Institute's National Asthma Education and Prevention Program Guidelines for the Treatment of Asthma. Such bronchodilators may include an orally inhaled medication that contains a premeasured single dose of albuterol or albuterol sulfate delivered by a nebulizer (compressor device); or by a pressured metered dose inhaler used to treat respiratory distress, including, but not limited to, wheezing, shortness of breath, and difficulty breathing or another dosage of a bronchodilator recommended in the Guidelines for the Treatment of Asthma.
2. "School Nurse" means a registered nurse (RN) licensed by the state board of nursing, working in the school and meeting any additional state criteria.
3. "Asthma" means a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing. For the purpose of this policy, "asthma" also includes "reactive airway disease" commonly referred to as RAD.

### **Conditions for Administering Bronchodilators**

- Students diagnosed with asthma whose personal bronchodilator is empty or temporarily unavailable may be able to receive an emergency dose of the undesignated-stock bronchodilator that meets the needs of a student per their Asthma Action Plan or a student's prescription on file if the student is experiencing an asthma episode (e.g., asthma attack) or asthmatic symptoms.
  - The stock bronchodilator is not to be used as a replacement for students bringing their prescribed asthma medications to school.
- For students experiencing respiratory distress without a diagnosis of asthma: The school nurse or trained personnel may administer the undesignated-stock bronchodilator to any person that they believe, in good faith, is having respiratory distress.

- District 97 has informed the parent/guardians of the student, in writing, that the school district and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription of a school bronchodilator, are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock bronchodilators.
  - The student's parent/guardian has provided the required annual written permission for their student to be given the undesignated-stock bronchodilator.
  - District 97 has informed the parent/guardians of the student, in writing that the undesignated-stock bronchodilator is not to be used as a replacement for students bringing their prescribed asthma medications to school.

### **Administering and Storing Stock Bronchodilator**

To administer and store the stock bronchodilator, the following procedures shall be followed:

- Only school nurses and designated personnel that have completed appropriate training shall administer the stock bronchodilator.
  - Each school shall appoint other trained personnel to administer the stock bronchodilator when the nurse is not available.
  - Prior to the administration of undesignated asthma medication, trained personnel must provide their building principal or designee with written proof that they have completed a training curriculum to recognize and respond to respiratory distress that meets the requirements of subsection (h-10) of State of Illinois Public Act 100-0726. This training must be completed on an annual basis, and the school district shall maintain records regarding the training curriculum and the personnel who have completed it.
- The stock bronchodilator shall be stored in a secure and easily accessible, but unlocked location known to the school nurse and all trained personnel designated to administer the bronchodilator in case of the nurse's absence.
- To minimize the spread of disease, inhalers shall be used with disposable spacers or disposable mouth-pieces. Inhalers shall be cleaned and sanitized properly to avoid spreading infection.
- Within 24 hours of administering an undesignated stock bronchodilator, the school must notify the student's parent or guardian or emergency contact, if known. The school nurse may, with the consent of the child's parent or guardian, notify the child's health care provider of record of its use.
- Within three days of administering the undesignated asthma medication, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:
  - The age and type of person receiving the asthma medication (student, staff, or visitor);
  - Any previously known diagnosis of asthma for the person;
  - The trigger that precipitated respiratory distress, if identifiable;
  - The location of where the symptoms developed;
  - The number of doses administered;
  - The type of person administering the asthma medication (School Nurse or trained personnel);
  - The outcome of the asthma medication administration; and
  - Any other information required by the State Board

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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. 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 <sup>10</sup>

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,<sup>11</sup> 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. <sup>12</sup>

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<sup>10</sup> 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 providing ~~ing~~ them, but does not have ~~ing~~ 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.

<sup>11</sup> ~~See the discussion regarding state 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.~~

<sup>12</sup> ~~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,<sup>14</sup> 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.<sup>15</sup> ~~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.<sup>16</sup>

### Designated Caregiver Administration of Medical Cannabis 17

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**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 98, 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<sup>18</sup> 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<sup>19</sup> 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;<sup>20</sup> and~~
- ~~3. That student's parent/guardian completed, signed, and submitted a *School Medication Authorization Form – Medical Cannabis*.<sup>21</sup>~~

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

~~After administering the product to the student, the designated caregiver shall immediately<sup>24</sup> 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.<sup>25</sup>~~

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<sup>18</sup> 410 ILCS 130/, and scheduled to be repealed on July 1, 2020.

<sup>19</sup> Id. at 130/10(i), added by P.A. 100-660.

<sup>20</sup> 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.

<sup>21</sup> 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*.

<sup>22</sup> 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)."

<sup>23</sup> 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.

<sup>24</sup> 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.

<sup>25</sup> 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<sup>29</sup> 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 or an epinephrine ~~auto~~-injector, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

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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~~ 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 undesigned asthma medication and/or an undesigned epinephrine ~~auto~~-injector, and/or ~~an undesigned~~ opioid antagonist. This policy does not guarantee the availability of undesigned medications ~~an epinephrine auto injector and/or opioid antagonist~~. Students 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)

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