

## Students

### Administrative Procedure - Establishing Student Residency

Actor	Requirements and Actions that Must Be Completed
Anyone Seeking to Enroll a Student	<p>Must present a certified copy of the student's birth certificate.</p> <p>Must present proof of residency within the District by providing the required number of documents from each of the following categories: <sup>1</sup></p> <p><u>Category I</u> (One document required)</p> <ul style="list-style-type: none"> <li>Most recent property tax bill and proof of payment, e.g., canceled check or Form 1098 (homeowners)</li> <li>Mortgage papers (homeowners)</li> <li>Signed and dated lease and proof of last month's payment, e.g., canceled check or receipts (renters)</li> <li>Letter from manager and proof of last month's payment, e.g., canceled check or receipt (trailer park residents)</li> <li>Letter of residence from landlord in lieu of lease (7:60-AP2, E1, <i>Letter of Residence from Landlord in Lieu of Lease</i>)</li> <li>Letter of residence to be used when the person seeking to enroll a student is living with a District resident (7:60-AP2, E2, <i>Letter of Residence to Be Used When the Person Seeking to Enroll a Student Is Living with a District Resident</i>)</li> </ul> <p><u>Category II</u> (Two documents showing proper address are required)</p> <ul style="list-style-type: none"> <li>Driver's license</li> <li>Vehicle registration</li> <li>Voter registration</li> <li>Most recent cable television and/or credit card bill</li> <li>Current bank statement</li> <li>Current public aid card</li> <li>Current homeowners/renters insurance policy and premium payment receipt</li> <li>Most recent gas, electric, and/or water bill</li> <li>Current library card</li> <li>Receipt for moving van rental</li> </ul> <p><u>Military Personnel Enrolling a Student for the First Time in the District.</u> <sup>2</sup></p>

The footnotes should be removed before the material is used.

<sup>1</sup> Deciding which documents prove residency is a local matter; thus, these categories may be amended but documents required, when taken together, shall not result in a requirement for proof of legal presence or immigration status, such as a Social Security number. See 23 Ill.Admin.Code §1.240(b). Many districts require a utility bill because it can provide additional information about the actual use or lack of use of a property as a residence. For further guidance regarding acceptable documentation for proof of residency, see *ISBE's Guidance for Registration and Enrollment* at: [www.isbe.net/Pages/Student-Registration-and-Enrollment-Guidance.aspx](http://www.isbe.net/Pages/Student-Registration-and-Enrollment-Guidance.aspx). Historically, this guidance has been updated by ISBE annually.

<sup>2</sup> Required by 105 ILCS 5/10-22.5a, amended by P.A. 102-126.

Actor	Requirements and Actions that Must Be Completed
	<p>Must provide one of the following within six months after the date of student's initial enrollment)</p> <ul style="list-style-type: none"> <li>Postmarked mail addressed to military personnel</li> <li>Lease agreement for occupancy</li> <li>Proof of ownership of residence</li> </ul> <p><u>Military Personnel with Legal Custody of a Child Who Want to Keep the Child Enrolled in the District Despite Having Changed Residence Due to a Military Service Obligation.</u> <sup>3</sup></p> <p>Upon submitting a written request, the student's residence will be deemed to be unchanged for the duration of the custodian's military service obligation. The District, however, is not responsible for the student's transportation to or from school.</p> <p><u>Military Personnel Placing Nonresident Child with <i>Non-Custodial Parent</i> While on Active Military Duty.</u> <sup>4</sup></p> <p>A student will not be charged tuition while he or she is placed with a <i>non-custodial parent</i> (a person who has temporary custody of a child of active duty military personnel and who is responsible for making decisions for the child). Must provide any "special power of attorney" created by the student's parent/guardian for the District to follow. A special power of attorney authorizes: (1) the student to enroll in a district of the non-custodial parent, and (2) the non-custodial parent to make decisions for the student. Any special power of attorney will be filed in the student's temporary record.</p>
Anyone with a Custody Order Seeking to Enroll a Student	Presents court order, agreement, judgment, or decree that awards or gives custody of the student to any person (including divorce decrees awarding custody to one or both parents).
Non-Parent Seeking to Enroll a Student	Must complete and sign <i>Evidence of Non-Parent's Custody, Control, and Responsibility of a Student</i> form, exhibit 7:60-AP2, E3.

**IMPORTANT:**

The School District reserves the right to evaluate the evidence presented, and merely presenting the items listed in this Procedure does not guarantee admission.

**WARNING:**

If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for nonresident tuition from the date the student began attending a District school as a nonresident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law. 105 ILCS 5/10-20.12b(e).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that District

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<sup>3</sup> 105 ILCS 5/10-20.12b(a-5).

<sup>4</sup> 105 ILCS 70/, Educational Opportunity for Military Children Act.

without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor. 105 ILCS 5/10-20.12b(f).

## **Students**

### **Administrative Procedure - Use of Metal Detectors and Searches for Student Safety**

Nothing in this procedure shall limit the authority of school officials to search a student in accordance with policy 7:140, *Search and Seizure*. All property removed as a result of this procedure that may be legitimately brought onto District property will be returned to the individual. Property removed from a student, possession of which violates Board policy, shall be confiscated and the student disciplined in accordance with Board policy.

Students who fail to cooperate with school personnel performing their duties may be subject to discipline for insubordination. Individuals who fail to cooperate will be asked to leave District property.

#### **Metal Detectors**

Metal detectors may be used when any one of the following occurs: (1) the administration has reasonable suspicion that a weapon is in the possession of unidentified students, (2) weapons or dangerous objects were found at school, on school property, or in the vicinity of a school, (3) violence involving weapons has occurred at a school or on school property, at school functions, or in a school's vicinity, or (4) a mass search takes place according to the District's standards for when and how metal detector searches are to be conducted. The Building Principal shall obtain the Superintendent's permission before using a metal detector. The reasons supporting the use of a metal detector shall be documented.

Signs will be posted to inform individuals that they will be required to submit to a screening for metal as a condition of entering District property. The screening will be conducted by District staff who may be assisted by law enforcement officials.

An individual will be asked to remove metal objects from his or her person prior to use of a metal detecting device. If, after the removal of metal objects, the metal detector activates, the individual will be asked to double-check that he/she removed all metal objects on his or her person, and the metal detecting device will be used again. If the metal detector activates a second time, the individual may be subjected to a *pat-down* search.

School personnel may inspect the contents of any briefcase, knapsack, purse, or parcel that activates the metal detector for the limited purpose of determining whether a weapon is concealed therein.

#### **Pat-Down Search**

When feasible, a pat-down search should be conducted: (1) outside the view of others, including students; (2) in the presence of a school administrator or adult witness; and (3) by a certificated employee or liaison police officer of the same sex as the student.

A pat-down search conducted by school personnel shall be limited to clothing for the purpose of discovering items that may have activated the metal detecting device. If school personnel conducting a pat-down search feel an object that may have activated the metal detecting device or may be other prohibited contraband, the individual will be asked to remove it.

Immediately following a pat-down search, a written report shall be made by the school authority who conducted the pat-down search and given to the Superintendent.



## 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 (SMA 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 parents/guardians of students. <sup>2</sup>

### Self-Administration of Medication

A student may possess and self-administer an epinephrine injector, e.g., EpiPen®, and/or asthma medication prescribed for use at the student's discretion, provided the student's parent/guardian has

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<sup>1</sup> All boards 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, amended by P.A. 101-205. For a sample medication authorization form, see 7:270-E1, *School Medication Authorization Form*.

Separate from this policy, boards must also adopt a policy that addresses the prevention of anaphylaxis and a district's response to medical emergencies resulting from anaphylaxis. See sample policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, and its accompanying administrative procedure, 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*, for more information. Due to the structure of the School Code and the IASB Policy Reference Manual, policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, does not address the administration of epinephrine and instead refers to this policy 7:270, *Administering Medicine to Students*.

<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).



completed and signed an *SMA Form*.<sup>3</sup> The Superintendent or designee will ensure an Emergency Action Plan is developed for each self-administering student.<sup>4</sup>

A student may self-administer medication required under a *qualifying plan*, provided the student's parent/guardian has completed and signed an *SMA Form*.<sup>5</sup> A qualifying plan means: (1) an asthma action plan, (2) an Individual Health Care Action Plan, (3) an Ill. Food Allergy Emergency Action Plan and Treatment Authorization Form, (4) a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or (5) a plan pursuant to the federal Individuals with Disabilities Education Act.

The 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, including asthma medication or epinephrine injectors, or medication required under a qualifying plan.<sup>6</sup> A student's parent/guardian must indemnify and hold harmless the District and its employees and agents, against any claims,

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<sup>3</sup> 105 ILCS 5/22-30, amended by P.A. 102-413, requires school districts to allow students to *self-administer* their prescribed asthma medication and an epinephrine injector as described. *Self-carry* means a student's ability to carry his or her prescribed asthma medication or epinephrine 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 5/10-22.21b(d), added by P.A. 101-205. The plan must address actions to be taken if the student is unable to self-administer medication and the situations in which the school must call 911. *Id.* For plan guidance, see 7:270-AP1, *Dispensing Medication*.

<sup>5</sup> 105 ILCS 5/10-22.21b, amended by P.A. 101-205. A student with an asthma action plan, an Individual Health Care Action Plan, an *Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form (Ill. EAP Form)*, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act may self-administer medication if the student's parent/guardian provides the school with: (1) written permission for the student's self-administration of medication, (2) written authorization from the student's physician, physician assistant, or advanced practice registered nurse for the student to self-administer the medication, and (3) the prescription label containing the name of the medication, the prescribed dosage, and the time(s) or circumstances under which the medication is to be administered. *Id.* At 5/10-22.21(c), added by P.A. 101-205. This does not allow a student to self-carry unless otherwise permitted. Contact the board attorney for further guidance.

105 ILCS 5/2-3.149, repealed and replaced by 105 ILCS 5/2-3.182, added by P.A. 102-413, led ISBE to retire the 2010 publication, *Procedures for Managing Life-Threatening Food Allergies in Schools*, which included the *Ill. EAP Form* in an appendix. ISBE replaced the 2010 publication with the *Anaphylaxis Response Policy* (2022), which does not include or refer to the now-retired *Ill. EAP Form*. 105 ILCS 5/10-22.21b, 5/22-30(b-5), and 5/22-30(b-10) have not been amended to remove or replace the *Ill. EAP Form* reference. It is unknown if that form will continue to be accessible on the ISBE website. See 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*, ¶n 1, for more information, and consult the board attorney for guidance on the continued use of the *Ill. EAP Form* or use of another form to document the emergency action plan for a student at risk for anaphylaxis.

<sup>6</sup> 105 ILCS 5/22-30, amended by P.A. 102-413 (asthma medication and epinephrine injectors) and 105 ILCS 5/10-22.21b, amended by P.A. 101-205 (medications required by a plan listed in 105 ILCS 5/10-22.21b(c), added by P.A. 101-205). 105 ILCS 5/22-30(c) requires this information to be in a notification to parents/guardians. 105 ILCS 5/10-22.21b, amended by P.A. 101-205, does not specifically require this information to be in a notification to parents/guardians. However, 105 ILCS 5/10-22.21b requires parents/guardians to sign a statement that includes the district's protections from liability under 105 ILCS 5/10-22.21b; the signed acknowledgment (see ¶n 7) is the notice. This policy includes the liability protection information under 105 ILCS 5/10-22.21b to also inform the community.

The storage of medication is not addressed in the applicable statutes and may not be covered as part of the district's protections from liability and hold harmless provisions. Contact the board attorney and the board's liability insurance carrier for further discussion about the district's liability and coverage in this area.



except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine injector, asthma medication, and/or a medication required under a qualifying plan.<sup>7</sup>

#### School District Supply of Undesignated Asthma Medication<sup>8</sup>

The Superintendent or designee shall implement 105 ILCS 5/22-30(f) 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,<sup>9</sup> 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*.<sup>10</sup> 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>11</sup>

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<sup>7</sup> 105 ILCS 5/22-30(c) and 105 ILCS 5/10-22.21b, amended by P.A. 101-205. Both statutes require parents/guardians to sign a statement: (1) acknowledging the statement from f/n 6 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. 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*. Discuss with the board attorney the method that works best for the district.

<sup>8</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. 102-413. 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 amendment requiring accessibility before, during, and after school did not address the logistical issues that classrooms are typically locked before and after school. Consult the board attorney about implementation issues with this 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. 102-413. 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.

<sup>9</sup> 105 ILCS 5/22-30(a) 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), to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress. 105 ILCS 5/22-30(a).

The Ill. State Board of Education (ISBE) must develop the training curriculum for trained personnel, and it may be conducted online or in person. *Id.* at (h), amended by P.A. 102-413, and 23 Ill.Admin.Code §1.540(e)(3). 105 ILCS 5/22-30(h-5), 5/22-30(h), amended by P.A. 102-413, and 5/22-30(h-10), and 23 Ill.Admin.Code §1.540(e) list the training curriculum requirements to recognize and respond to an opioid overdose, an allergic reaction, including anaphylaxis, and respiratory distress, respectively. See training resources, at: [www.isbe.net/Pages/School-Nursing.aspx](http://www.isbe.net/Pages/School-Nursing.aspx).

<sup>10</sup> 105 ILCS 5/22-30(a). *Respiratory distress* means the perceived or actual presence of wheezing, coughing, shortness of breath, chest tightness, breathing difficulty, or any other symptoms consistent with asthma. *Id.*

<sup>11</sup> *Id.* at (g); 23 Ill.Admin.Code §1.540(e)(9) and (10).

## School District Supply of Undesignated Epinephrine Injectors <sup>12</sup>

The Superintendent or designee shall implement 105 ILCS 5/22-30(f) and maintain a supply of undesignated epinephrine injectors in the name of the District and provide or administer them as necessary according to State law. *Undesignated epinephrine injector* means an epinephrine 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>13</sup> may administer an undesignated epinephrine 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>14</sup>

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<sup>12</sup> Optional. If the board adopts this subhead, the use of undesignated epinephrine injectors must align with its anaphylaxis prevention, response, and management policy. See sample policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, at f/n 7, and its administrative procedure, 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*, at f/ns 4, 5, and 6. If the district does not maintain an undesignated supply of epinephrine, ensure that policy 7:285 and 7:285-AP do not state that it does maintain such a supply.

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. 102-413. The law permits a district to maintain a supply of undesignated epinephrine 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. 105 ILCS 5/22-30 requires 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 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 provides them, but does not have them accessible before, during, and after school where an allergic person is most at risk as required by 105 ILCS 5/22-30, amended by P.A. 102-413. 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 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>13</sup> See the discussion regarding *trained personnel*, in f/n 9, above.

<sup>14</sup> See f/n 11, above.



## School District Supply of Undesignated Opioid Antagonists <sup>15</sup>

The Superintendent or designee shall implement 105 ILCS 5/22-30(f) 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>16</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>17</sup> 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>18</sup>

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<sup>15</sup> 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 Substance Use Disorder Act, 20 ILCS 301/.

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, amended by P.A. 102-413. 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.

<sup>16</sup> See the discussion regarding *trained personnel* in f/n 9, above.

<sup>17</sup> See f/n 11, above.

<sup>18</sup> Optional sentence if the board chooses to implement an undesignated opioid antagonist program as discussed in f/n 15, above. 20 ILCS 301/20-30, 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.

### School District Supply of Undesignated Glucagon<sup>19</sup>

The Superintendent or designee shall implement 105 ILCS 145/27 and maintain a supply of undesignated glucagon in the name of the District in accordance with manufacturer's instructions.

When a student's prescribed glucagon is not available or has expired, a school nurse or delegated care aide may administer undesignated glucagon only if he or she is authorized to do so by a student's diabetes care plan.

### Administration of Medical Cannabis<sup>20</sup>

The Compassionate Use of Medical Cannabis Program Act<sup>21</sup> allows a *medical cannabis infused product* to be administered to a student by one or more of the following individuals:

1. A parent/guardian of a student who is a minor who registers 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>22</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:

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<sup>19</sup> Optional. 105 ILCS 145/27, added by P.A. 101-428, permits a district to maintain a supply of undesignated glucagon in any secure location that is immediately accessible to a school nurse or delegated care aide. A school board must ensure that it does not adopt this section into the policy unless it is prepared to implement it.

Consult the board attorney about the consequences of informing the community that the district will obtain a prescription for a supply of undesignated glucagon, and implement a plan for their use, and then not doing it, as doing so 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 undesignated glucagon 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>20</sup> 105 ILCS 5/22-33(g) (*Ashley's Law*), requires school boards to adopt a policy and implement it by:

1. Authorizing a parent/guardian and/or a *designated caregiver* of a student who is a *registered qualifying patient* to administer a medical cannabis infused product to that student at school or on the school bus (105 ILCS 5/22-33(b)).
2. Allowing a school nurse or administrator to administer a medical cannabis infused product to a student who is a *registered qualifying patient* while at school, a school-sponsored activity, or before/after normal school activities, including while the student is in before-school or after-school care, on school-operated property, or while being transported on a school bus (105 ILCS 5/22-33(b-5), added by 101-370).
3. Authorizing a student who is a *registered qualifying patient* to self-administer a medical cannabis infused product if the self-administration takes place under the direct supervision of a school nurse or school administrator (*Id.*).

Important: If a district would lose federal funding as a result of the board adopting this policy, the board may not authorize the use of a medical cannabis infused product under *Ashley's Law* and not adopt this subsection. 105 ILCS 5/22-33(f). See f/n 25, below, and paragraph two of f/n 1 in policy 5:50, *Drug- and Alcohol-Free Workplace; E-Cigarette, Tobacco, and Cannabis Prohibition*, for more information about Congress interfering with a state's decision to implement laws governing the legalization of cannabis, and consult the board attorney about the issue of federal funding. See also ISBE's *Frequently Asked Questions, Ashley's Law*, at: [www.isbe.net/Documents/Medical-Cannabis-FAQ.pdf](http://www.isbe.net/Documents/Medical-Cannabis-FAQ.pdf).

<sup>21</sup> 410 ILCS 130/, amended by P.A. 101-363.

<sup>22</sup> *Id.* at 130/10(i), and 130/57(a) and (b), amended by P.A. 101-363. A student under the age of 18 may have up to three designated caregivers as long as at least one is a biological parent or a legal guardian. *Id.* at 130/57(a). A student 18 years of age or older may appoint up to three designated caregivers who meet the requirements of the Compassionate Use of Medical Cannabis Program Act. *Id.* at 130/57(b).



- a. Both the student and the designated caregiver possess valid registry identification cards issued by IDPH;
  - b. Copies of the registry identification cards are provided to the District;<sup>23</sup>
  - c. That student's parent/guardian completed, signed, and submitted a *School Medication Authorization Form - Medical Cannabis*; and<sup>24</sup>
  - d. After administering the product to the student, the designated caregiver immediately<sup>25</sup> removes it from school premises or the school bus.
2. A properly trained school nurse or administrator, who shall be allowed to administer the *medical cannabis infused product* to the student on the premises of the child's school, at a school-sponsored activity, or before/after normal school activities, including while the student is in before-school or after-school care on school-operated property or while being transported on a school bus.<sup>26</sup>
  3. The student him or herself when the self-administration takes place under the direct supervision of a school nurse or administrator.<sup>27</sup>

*Medical cannabis infused product* (product) includes oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.<sup>28</sup> Smoking and/or vaping medical cannabis is prohibited.<sup>29</sup>

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<sup>23</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>24</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>25</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 550/5.2). 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>26</sup> 105 ILCS 5/22-33(b-5), added by P.A. 101-370. A school nurse or administrator must annually complete a training curriculum to be developed by ISBE in consultation with the Ill. Dept. of Public Health prior to administering a medical cannabis infused product to a student in accordance with this section. 105 ILCS 5/22-33(f-5), added by P.A. 101-370. See [www.isbe.net/Pages/Health.aspx](http://www.isbe.net/Pages/Health.aspx) for training resources.

<sup>27</sup> *Id.* Any product administered by a school nurse or administrator, or self-administered under the supervision of a school nurse or administrator, must be stored with the school nurse at all times in a manner consistent with storage of other student medication at the school and may be accessible only by the school nurse or a school administrator. 105 ILCS 5/22-33(b-10), added by P.A. 101-370.

<sup>28</sup> 410 ILCS 130/10(q). 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/. Industrial hemp is also colloquially known as *agricultural hemp*.

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>30</sup>

Discipline of a student for being administered a product by a designated caregiver, or by a school nurse or administrator, or who self-administers a product under the direct supervision of a school nurse or administrator<sup>31</sup> 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<sup>32</sup>

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.<sup>33</sup>

The **School District Supply of Undesignated Epinephrine 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 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 injectors.<sup>34</sup>

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>35</sup> who has been delegated

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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 550/4, amended by P.A. 101-593, states "[e]xcept as otherwise provided in the Cannabis Regulation and Tax Act and the Industrial Hemp Act, it is unlawful for any person knowingly to possess cannabis." In addition, products containing hemp or CBD oil can be purchased with a prescription and without a medical marijuana card, so a parent/guardian may argue that such prescriptions should be administered at school as any other prescription medication would be. Consult the board attorney for guidance.

<sup>29</sup> Optional sentence. 410 ILCS 130/10(q) prohibits medical cannabis from being smoked. District administrators may find providing this information to the community helpful to enforcement of this policy.

<sup>30</sup> 105 ILCS 5/22-33(e). Consult the board attorney for guidance regarding whether a school nurse or administrator can be required to administer the product. ISBE's FAQ on *Ashley's Law* (see f/n 20) states that a school staff member cannot be forced to administer a medical cannabis infused product to a student because *Ashley's Law* does not require it.

<sup>31</sup> 105 ILCS 5/22-33(d), amended by P.A. 101-370.

<sup>32</sup> Remove this section if the board does not adopt the undesignated asthma medication, the undesignated epinephrine injector, the undesignated opioid antagonist, the undesignated glucagon, or the administration of medical cannabis sections of the policy. If the board adopts one or some but not all, delete the appropriate paragraph(s) or sentence(s) in this section.

<sup>33</sup> Discuss with the board attorney whether the board should remove this sentence when the district reaches full implementation of this section.

<sup>34</sup> See f/n 12, above.

<sup>35</sup> *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).



prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Substance Use Disorder Act, or (2) fill the District's prescription for undesignated school opioid antagonists.<sup>36</sup>

The **School District Supply of Undesignated Glucagon** 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 glucagon from a qualifying prescriber,<sup>37</sup> or (2) fill the District's prescription for undesignated school glucagon.<sup>38</sup>

The **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.<sup>39</sup>

#### Administration of Undesignated Medication<sup>40</sup>

Upon any administration of an undesignated medication permitted by State law, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

#### Undesignated Medication Disclaimers

Upon implementation of this policy, the protections from liability and hold harmless provisions applicable under State law apply.<sup>41</sup>

No one, including without limitation, parents/guardians of students, should rely on the District for the availability of undesignated medication. This policy does not guarantee the availability of undesignated medications. Students and their parents/guardians should consult their own physician regarding these medication(s).

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<sup>36</sup> See f/n 15 above.

<sup>37</sup> 105 ILCS 145/27, added by P.A. 101-428, provides that a physician, a physician assistant who has prescriptive authority under the Physician Assistant Practice Act of 1987 (225 ILCS 95/7.5), or an advanced practice registered nurse who has prescriptive authority under the Nurse Practice Act (225 ILCS 65-40) may prescribe undesignated glucagon in the name of the district to be maintained for use when necessary.

<sup>38</sup> See f/n 19 above.

<sup>39</sup> 105 ILCS 5/22-33(f).

<sup>40</sup> 105 ILCS 5/22-30, amended by P.A. 102-413, and 105 ILCS 145/27, added by P.A. 101-428, details specific required notifications, which are listed in 7:270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon*.

<sup>41</sup> 105 ILCS 5/22-30(c). The school, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of an injury to a student arising from the administration of asthma medication, epinephrine injectors, or opioid antagonists (*Id.*), a student's self-administration of medication (105 ILCS 5/10-22.21b, added by P.A. 101-205, ), or administration of undesignated glucagon (insofar as it would be considered part of the care of a student with diabetes, see 105 ILCS 145/45).

105 ILCS 5/22-30(c) requires the district to inform parents/guardians in writing of the protections from liability and hold harmless provisions that apply to the administration of asthma medication, epinephrine injectors, and opioid antagonists. In addition, a statement must be signed by a student's parent/guardian acknowledging the district's protections from liability and hold harmless provisions for these undesignated medications. *Id.* A similar acknowledgment must be signed by a student's parent/guardian for the self-administration of medication. 105 ILCS 5/10-22.21(c), added by P.A. 101-205. See 7:270-E1, *School Medication Authorization Form*, for a sample acknowledgement.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, 5/22-30, and 5/22-33.  
105 ILCS 145/, Care of Students with Diabetes Act.  
410 ILCS 130/, Compassionate Use of Medical Cannabis Program Act.  
720 ILCS 550/, Cannabis Control Act.  
23 Ill.Admin.Code §1.540.

CROSS REF.: 7:285 (Anaphylaxis Prevention, Response, and Management Program)

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

## Students

### Administrative Procedure - Dispensing Medication

Actor	Action
Parents/Guardians	<p>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. <i>Medication</i> includes an epinephrine injector, e.g., <i>EpiPen®</i>, asthma medication (105 ILCS 5/22-30(a)), medical cannabis (105 ILCS 5/22-33(g)), glucagon (105 ILCS 145/27, added by P.A. 101-428), and any medication required under a plan listed in 105 ILCS 5/10-22.21b(c), added by P.A. 101-205, for a student's self-administration of medication.</p> <p><b>For a student using medical cannabis:</b> 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 <i>School Medication Authorization Form – Medical Cannabis</i>. 105 ILCS 5/22-33(b-5), added by P.A. 101-370.</p> <p>The designated caregiver shall be allowed to administer a <i>medical cannabis infused product</i> (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. 105 ILCS 5/22-33(b), amended by P.A.s 101-363 and 101-370.</p> <p><b>Note:</b> State law does not require school personnel to administer medical cannabis to students. The school nurse or an administrator is allowed to administer a product to the student on the premises of the child's school, at a school-sponsored activity, or before/after normal school activities, including while the student attends before-school or after-school care on school-operated property or while being transported on a school bus. 105 ILCS 5/22-33(b-5), added by P.A. 101-370. The District may also allow a qualifying student to self-administer product if the self-administration takes place under the direct supervision of a school nurse or administrator. <u>Id.</u></p> <p>A product administered by a school nurse or administrator, or self-administered under the supervision of a school nurse or administrator, must be stored at school with the school nurse at all times in a manner consistent with storage of other student medication at the school and may be accessible only by the school nurse or an administrator. 105 ILCS 5/22-33(b-10), added by P.A. 101-370.</p> <p><b>For a student with diabetes:</b> The parent/guardian is responsible for</p>

Actor	Action
	<p>sharing 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. To the extent there is any conflict between the diabetes care plan and this Procedure, the diabetes care plan shall control. 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/).</p> <p><b>For a student with epilepsy:</b> The parent/guardian is responsible for sharing the health care provider's instructions. When the student is at school, the student's epilepsy will be managed according to a seizure action plan, if one exists. To the extent there is any conflict between the seizure action plan and this Procedure, the seizure action plan shall control. See Seizure Smart School Act, 105 ILCS 150/, added by P.A. 101-50.</p> <p><b>For a student with asthma:</b> The parent/guardian is 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. To the extent there is any conflict between the student's asthma action plan and this Procedure, the asthma action plan shall control. See 105 ILCS 5/22-30(j-5). Asthma emergencies shall be managed pursuant to the District's asthma emergency response protocol. 105 ILCS 5/22-30(j-10).</p> <p><b>Note:</b> The Ill. State Board of Education (ISBE)'s model asthma episode emergency response protocol required by 105 ILCS 5/22-30(j-10), that must be incorporated in the District's procedure is available at:  <a href="http://www.isbe.net/Documents/asthma_response_protocol.pdf">www.isbe.net/Documents/asthma_response_protocol.pdf</a>.</p> <p>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 <u>In re Estate of Stewart</u>, 406 Ill.Dec. 345 (2nd Dist. 2016); <u>In re Estate of Stewart</u>, 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 <u>Stewart</u>; 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 <u>Stewart</u>.</p> <p>A student with asthma is allowed to self-administer and self-carry asthma medication if the student's parents/guardians provides the school with: (1) written authorization for the self-administration and/or self-care of asthma medication; and (2) the prescription label</p>



Actor	Action
	<p>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).</p> <p><b>For a student self-administering medication:</b> A student with an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form<sup>1</sup>, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act is allowed to self-administer medication if the student's parent/guardian provides the school with: (1) written permission for the student's self-administration of medication; (2) written authorization from the student's physician, physician assistant, or advanced practice registered nurse for the student to self-administer the medication; and (3) the prescription label containing the name of the medication, the prescribed dosage, and the time(s) or circumstances under which the medication is to be administered. 105 ILCS 5/10-22.1b(c), added by P.A. 101-205.</p> <p>If the child's physician, physician assistant, advanced practice registered nurse, dentist, or other health care provider who has authority to prescribe medications authorizes a child to self-administer medication, then ask the health care provider to complete a <i>School Medicine Authorization Form (SMA Form)</i>. <b>This form must be completed and given to the school before the school will store or dispense any medication, before a child may possess asthma medication or an epinephrine injector, and before a child will be allowed to self-administer any medication.</b></p> <p>If a student is on a medication on an indefinite or long-term basis, file a new <i>SMA Form</i> every year.</p> <p>Bring the medication to the school office. If the medicine is for asthma or is an epinephrine 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).</p> <p>Bring other prescription medications to the school in the original package or appropriately labeled container. The container shall display:</p> <ul style="list-style-type: none"> <li>Student's name</li> <li>Prescription number</li> <li>Medication name and dosage</li> <li>Administration route and/or other direction</li> </ul>

The footnotes should be removed before the material is used.

<sup>1</sup> See sample policy 7:270, *Administering Medicines to Students*, at f/n5, for a discussion about this form that the Ill. State Board of Education retired in 2022 but still appears by name in 105 ILCS 5/10-22.21b, 5/22-30(b-5), and 5/22-30(b-10).

Actor	Action
	<p>Date(s) and Time(s) to be taken          Licensed prescriber's name          Pharmacy name, address, and phone number</p> <p>Bring non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed.</p> <p>At the end of the treatment regime, remove any unused medication from the school.</p> <p>If the student is at risk of anaphylaxis, follow the procedures for <u>Individual Allergy Management</u> in 7:285-AP, <i>Anaphylaxis Prevention, Response, and Management Program</i>.</p>
School Office Personnel	<p>Provide a copy of these procedures, as well as an <i>SMA Form</i>, to inquiring parents/guardians.</p> <p>If the building has no school nurse and a student is identified as having asthma, request the student's parent/guardian 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 Program (IEP). 105 ILCS 5/22-30(j-5).</p> <p>Whenever a parent/guardian brings medication for a student to the office, summon the school nurse.</p> <p>If the school nurse is unavailable, accept the medication, provided the parent/guardian submits a completed <i>SMA Form</i> and the medication is packaged in the appropriate container.</p> <p>Put the medication in the appropriate locked drawer or cabinet. Tell the school nurse about the medication as soon as possible.</p>
School Nurse (certificated school nurse or non-certificated registered professional nurse)	<p>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.</p> <p>If a student is identified as having asthma, request the student's parent/guardian to share their child's asthma action plan. If the plan is provided, keep it on file in the school nurse's 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 IEP. 105 ILCS 5/22-30(j-5).</p> <p>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 self-administer medication in accordance with 105 ILCS 5/10-22.1b(c), added by P.A. 101-205. A student may be permitted to self-administer a</p>

Actor	Action
	<p>medical cannabis infused product in accordance with 105 ILCS 5/22-33(b-5), added by P.A. 101-370. A student will be permitted to carry and self-administer medication for asthma or an epinephrine injector.</p> <p>Develop an emergency action plan for a student who self-administers medication in accordance with 105 ILCS 5/10-22.21b(c), added by P.A. 101-205. The plan must include (105 ILCS 5/10-22.21b(d), added by P.A. 101-205):</p> <ol style="list-style-type: none"> <li>1. A plan of action in the event a student is unable to self-administer medication, and</li> <li>2. The situations in which a school must call 911.</li> </ol> <p>For students at risk of anaphylaxis, follow the procedures for <u>Individual Allergy Management</u> in 7:285-AP, <i>Anaphylaxis Prevention, Response, and Management Program</i>, which include the development of an emergency action plan.</p> <p>Prior to administering a medical cannabis infused product in accordance with 105 ILCS 5/22-33(b-5), added by P.A. 101-370, annually complete the medical cannabis infused product administration training curriculum developed by ISBE. 105 ILCS 5/22-33(f-5), added by P.A. 101-370. See training resources at: <a href="http://www.isbe.net/Pages/Health.aspx">www.isbe.net/Pages/Health.aspx</a>.</p> <p>Store the medication in a locked drawer or cabinet. A student may keep possession of medication for asthma or an epinephrine injector. Medications requiring refrigeration should be refrigerated in a secure area.</p> <p>Plan with the student the time(s) the student should come to the nurse's office to receive medications.</p> <p>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.</p> <p>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.</p> <p>Document whenever the medication is not administered as ordered along with the reasons.</p> <p>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.</p>
Building Principal	<p>Supervise the use of these procedures.</p> <p>Perform any duties described for school office personnel, as needed.</p> <p>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. 105</p>

Actor	Action
	<p>ILCS 5/10-22.21b(b), amended by P.A. 101-205.</p> <p>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.</p> <p>For students at risk of anaphylaxis, follow the procedures for <u>Individual Allergy Management</u> in 7:285-AP, <i>Anaphylaxis Prevention, Response, and Management Program</i>.</p>

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, 5/22-30, and 5/22-33.  
105 ILCS 145/, Care of Students with Diabetes Act.  
105 ILCS 150/, Seizure Smart School Act.  
410 ILCS 130/, Compassionate Use of Medical Cannabis Program Act.  
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 Injectors, Opioid Antagonists, and/or Glucagon

The District maintains and administers the undesignated medication(s) identified below in accordance with State and federal law (*check all that apply*):

- ☐ Undesignated Glucagon (UG)
- ☐ Undesignated Asthma Medication (UAM)
- ☐ Undesignated Epinephrine Injector(s) (UEIs)
- ☐ Undesignated Opioid Antagonist(s) (UOAs)
  
- ☐ The Superintendent, school nurse, and/or other necessary school officials should consult the Board Attorney to develop a plan to implement 105 ILCS 5/22-30, amended by P.A. 102-413, and 105 ILCS 145/27, added by P.A. 101-428.
- ☐ Obtain a prescription to maintain a supply of one or all of the following: undesignated asthma medication (UAM), epinephrine injector(s) (UEIs), opioid antagonist(s) (UOAs), and/or undesignated glucagon (UG) in the District's name pursuant to 105 ILCS 5/22-30(f) and 105 ILCS 145/27, added by P.A. 101-428.
- ☐ Designate a secure location(s) to store undesignated medication. For UAM, UEIs, and/or UOAs, this is where persons needing these medications are most at risk. 105 ILCS 5/22-30(f). For UEIs, this includes but is not limited to locations accessible before, during, and after school, such as classrooms and lunchrooms. *Id.* For additional storage procedures for UEIs, see 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*. For UAM, this includes but is not limited to, a classroom or the nurse's office. *Id.* For UG, this is where it is immediately accessible to a school nurse or delegated care aide. 105 ILCS 145/27, added by P.A. 101-428.
- ☐ Develop a method for maintaining an inventory of UAM, UEIs, UOAs, and UG. The inventory should list the expiration dates of the UAM, UEIs, UOAs, and UG.
- ☐ Identify procedures for a log or other recordkeeping of provisions, or administrations of UAM, UEIs, UOAs, and UG.
- ☐ 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, UEIs UOAs, and/or UG, including calling 911 and noting any instructions given by Emergency Management Services (EMS). 105 ILCS 5/22-30, amended by P.A. 102-413, and 23 Ill.Admin.Code §1.540(d). Follow 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*, for UEI administration procedures. Upon any administration of *any* epinephrine injector, or opioid antagonist, procedures must include:

1. Immediate activation of the EMS system. 105 ILCS 5/22-30(f-5). 105 ILCS 5/22-30(f-5) 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-5) requires asthma action plans and 105 ILCS 5/22-30(j-15) 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. 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) 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), and consult the Board Attorney.

The following reports and/or notifications by the school nurse (unless otherwise specified) when a(n):

UEI was administered:	UOA was administered:	UAM was administered:	UG was administered:
<p>a. Physician, physician assistant, or advance practice registered nurse who provided the standing protocol or prescription for the UEI <b>within 24 hours</b>. 105 ILCS 5/22-30(f-10).</p> <p>b. Ill. State Board of Education (ISBE) <b>within three (3) days</b>. 105 ILCS 5/22-30(i). Notification will be on an ISBE-prescribed form (<a href="http://www.isbe.net/Documents/34-20-undesigned-epinephrine-rptg.pdf">www.isbe.net/Documents/34-20-undesigned-epinephrine-rptg.pdf</a>), and will</p>	<p>a. The health care professional (20 ILCS 301/5-23(d)(4)) who provided the prescription for the opioid antagonist <b>within 24 hours</b>. 105 ILCS 5/22-30(f-10).</p> <p>b. ISBE <b>within three (3) days</b>. 105 ILCS 5/22-30(i-5). Notification will be on an ISBE-prescribed form (<a href="http://www.isbe.net/Documents/34-20A-opioid-rptg.pdf">www.isbe.net/Documents/34-20A-opioid-rptg.pdf</a>), and will include:</p> <p>i. Age and type of person receiving the opioid antagonist (student, staff, or</p>	<p>a. Physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the UAM <b>within 24 hours</b>. 105 ILCS 5/22-30(f-10).</p> <p>b. ISBE <b>within three (3) days</b>. 105 ILCS 5/22-30(i-10). Notification will be on an ISBE-prescribed form (<a href="http://www.isbe.net/Documents/34-22-Undesigned-Asthma-">www.isbe.net/Documents/34-22-Undesigned-Asthma-</a></p>	<p>Immediately after administering UG to a student, notify the school nurse (if school nurse did not administer the UG to the student). The delegated care aide or school nurse then notifies the student's parent or guardian or emergency contact (if known) and health care provider of its use. 105 ILCS 145/27, added by P.A. 101-428.</p>

UEI was administered:	UOA was administered:	UAM was administered:	UG was administered:
<p>include:</p> <ul style="list-style-type: none"> <li>i. Age and type of person receiving epinephrine (student, staff, visitor);</li> <li>ii. Any previously known diagnosis of a severe allergy;</li> <li>iii. Trigger that precipitated allergic episode;</li> <li>iv. Location where symptoms developed;</li> <li>v. Number of doses administered;</li> <li>vi. Type of person administering epinephrine (school nurse, <i>trained personnel</i>, student); and</li> <li>vii. Any other information required by ISBE on the form.</li> </ul>	<ul style="list-style-type: none"> <li>visitor);</li> <li>ii. Location where symptoms developed;</li> <li>iii. Type of person administering the opioid antagonist (school nurse or <i>trained personnel</i>); and</li> <li>iv. Any other information required by ISBE on the form.</li> </ul>	<p><a href="#">Medication.pdf</a>), and will include:</p> <ul style="list-style-type: none"> <li>i. Age and type of person receiving asthma medication (student, staff, visitor);</li> <li>ii. Any previously known diagnosis of asthma;</li> <li>iii. Trigger that precipitated respiratory distress, if identifiable;</li> <li>iv. Location where symptoms developed;</li> <li>v. Number of doses administered;</li> <li>vi. Type of person administering the asthma medication (school nurse, <i>trained personnel</i> or student);</li> <li>vii. Outcome of the asthma medication administration; and</li> <li>viii. Any other information required by ISBE on the form.</li> </ul>	



- ☐ Determine how the District will identify the student populations whose parents/guardians:
1. Have not completed and signed an *SMA Form*, or
  2. Have not provided asthma medication, an epinephrine injector, opioid antagonist, and/or glucagon, as applicable to the student, for a student for use at school, even though they have completed the *SMA Form*.
- ☐ Determine when the school nurse will provide or administer the UAM, UEIs, UOAs, and/or UG, as applicable, to students.

The school nurse or *trained personnel* may:

1. Provide an UAM or UEI, as applicable to the situation, that meets the prescription on file in the *SMA Form* to:
  - a. Any student for his or her self-administration only. 105 ILCS 5/22-30(a); 105 ILCS 5/22-30 (b-10)(i) and(v); 105 ILCS 5/10-22.21b, amended by P.A. 101-205.
  - b. Any personnel authorized under a student's specific Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form<sup>1</sup>, Section 504 plan, or individualized education program plan (IEP). 105 ILCS 5/22-30(b-5) and (b-10).
2. Administer a 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 an *SMA Form* or otherwise granted permission to administer the epinephrine injector. 105 ILCS 5/22-30(b-10)(iii). Follow the procedures for administration of UEIs in 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*. **Note:** *Trained personnel* are different than *any personnel authorized* in 1.b., above. 105 ILCS 5/22-30(a). *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 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); 23 Ill.Admin.Code §1.540(e). For training resources, see the *Allergies & Undesignated Epinephrine* drop down menu at: [www.isbe.net/Pages/School-Nursing.aspx](http://www.isbe.net/Pages/School-Nursing.aspx).
3. Administer a 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 an *SMA Form* or otherwise granted permission to administer the opioid antagonist. 105 ILCS 5/22-30(b-10)(iv). **Note:** *Trained personnel* are different than *any personnel authorized*. See number 2, directly above. 105 ILCS 5/22-30(a). *Trained personnel* means any school employees or volunteer personnel who are (a) authorized in 105 ILCS 10-22.34, 10-22.34a, and 10-22.34b, (b) annually trained online or in person to recognize and respond to opioid overdoses through a training curriculum that complies with the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301/5-23, and

The footnotes should be removed before the material is used.

<sup>1</sup> See sample policy 7:270, *Administering Medicines to Students*, at f/n 5, for a discussion about this form that the Ill. State Board of Education retired in 2022 but still appears by name in 105 ILCS 5/10-22.21b, 5/22-30(b-5), and 5/22-30(b-10).



(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); 23 Ill.Admin.Code §1.540(e). The law does not provide a deadline for a training curriculum, but it did require ISBE and the Ill. Dept. of Human Services to develop a three-year heroin and opioid prevention pilot program by 1-1-17. 105 ILCS 5/22-81.

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 an *SMA Form* or otherwise granted permission to administer the asthma medication. 105 ILCS 5/22-30(b-10)(vii). See numbers 2 and 3, directly above for discussions between *any personnel authorized* and *trained personnel*. For training resources, see [www.isbe.net/Pages/School-Nursing.aspx](http://www.isbe.net/Pages/School-Nursing.aspx).
5. Administer UG, as applicable to the situation, for a student with a completed *SMA Form* granting permission for UG use that matches the prescription listed on the form and is also consistent with the student's diabetes care plan, if the student's prescribed glucagon is not available on-site or has expired. For training resources, see [www.isbe.net/Pages/School-Nursing.aspx](http://www.isbe.net/Pages/School-Nursing.aspx).

- ☐ Assess how to manage requests from parents/guardians who wish to *opt-out* of the UAM, UEIs, UOAs, or UG 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, UEIs, or UOAs when a nurse and/or *trained personnel* in good faith professionally believe a student is experiencing respiratory distress, having an anaphylactic reaction, or having an opioid overdose, respectively. While there may be religious, health, or other reasons that a student's parent/guardian may wish to *opt-out* of the administration of UAM, 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, UEIs, and/or UOAs may be provided or administered to students.

If the District maintains a supply of UAM, 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). There are two groups of parents/guardians that the District must notify: (1) parents/guardians of students who have previously signed a *SMA Form*, and (2) parents/guardians of all students.

For parents/guardians who have previously signed the *SMA Form*, 105 ILCS 5/22-30(c), 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, UEIs, and UOAs are protected from liability, except for willful or wanton conduct arising from the use of UAM, 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), requires parents/guardians to be informed that: (1) the District maintains a supply of UAM, 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 UAM, UEI, and/or UOA to any student when these individuals in good faith professionally believe that the student is experiencing respiratory distress, having an anaphylactic reaction, or having an opioid overdose, respectively. 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.



**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 for each medication. 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: \_\_\_\_\_

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 \_\_\_\_\_

***For only Parents/Guardians of students requiring asthma inhalers and/or epinephrine injectors:***

Is the asthma inhaler and/or epinephrine injector required under a qualifying plan pursuant to 105 ILCS 5/10-22.21b, amended by P.A. 101-205?

☐ Yes ☐ No

*Parents/Guardians please attach prescription label (asthma inhaler) and/or written statement (epinephrine injector) here:*

*For asthma inhalers, attach the prescription label with 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)(2)(i).*

*For an epinephrine injector, attach a written statement from the student's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine, injector; the prescribed dosage; and the time or times at which or the special circumstances that the epinephrine injector should be administered. 105 ILCS 5/22-30(b)(2)(ii)(A)-(C).*

***For only parents/guardians of students who need to self-administer medication required under a qualifying plan:***

I grant permission for my child to self-administer his or her medication required under an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by P.A. 101-205.

**Medication(s) other than asthma inhalers and/or epinephrine injectors (complete section above) required under a qualifying plan that student is permitted to self-administer:**

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

If the medication is an asthma inhaler or epinephrine injector, be also sure to complete the section above and attach the required label and/or written statement as required above.

***Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.***

\_\_\_\_\_  
Parent/Guardian Initials

***For only parents/guardians of students who need to carry and use their asthma medication or an epinephrine 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 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 parents/guardians 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 injector. 105 ILCS 5/22-30, amended by P.A 102-413.

***Please initial to indicate (1) receipt of this information, and (2) authorization for your child to carry and use his or her asthma medication or epinephrine 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 injectors, opioid antagonists, or asthma medication, to the extent the School District maintains such undesignated supplies, to my child when there is a good faith belief that my child is having an anaphylactic reaction, opioid overdose, or asthma episode, whether such reactions are known to me or not, and if applicable, undesignated glucagon when authorized by my child's diabetes care plan and if my child's glucagon is not available on-site or has expired. 105 ILCS 5/22-30, amended by P.A 102-413.; 105 ILCS 145/27, added by P.A. 101-428. **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): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Students

### Anaphylaxis Prevention, Response, and Management Program <sup>1</sup>

School attendance may increase a student's risk of exposure to allergens that could trigger anaphylaxis. Students at risk for anaphylaxis benefit from a School Board policy that coordinates a planned response in the event of an anaphylactic emergency. Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can also occur up to one to two hours after exposure to the allergen.

While it is not possible for the District to completely eliminate the risks of an anaphylactic emergency<sup>2</sup> when a student is at school, an Anaphylaxis Prevention, Response, and Management Program using a cooperative effort among students' families, staff members, students, health care providers, emergency medical services, and the community helps the District reduce these risks and provide accommodations and proper treatment for anaphylactic reactions.<sup>3</sup>

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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.

<sup>1</sup> 105 ILCS 5/2-3.182(d), added by P.A. 102-413, requires school boards to update or implement an anaphylactic policy by 8-17-22 (six months after the Ill. State Board of Education (ISBE) distributed its model on 2-17-22) in accordance with the model policy developed by ISBE, titled *Anaphylaxis Response Policy for Illinois Schools, (ISBE Model)*, available at: [www.isbe.net/Documents/Anaphylactic-policy.pdf](http://www.isbe.net/Documents/Anaphylactic-policy.pdf). Administrative procedures referencing the *ISBE Model* must support this policy in order to comply with the law. See the discussion in f/n 4 below and 7:285-AP, *Implementing an Anaphylaxis Prevention, Response, and Management Program* for a sample implementation procedure.

The law requires the *ISBE Model*, and in turn a district's policy based on the *ISBE Model*, to include: (a) a procedure and treatment plan, including emergency protocols and responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis, (b) requirements for a training course for appropriate school personnel on prevention and responding to anaphylaxis, (c) a procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy that could result in anaphylaxis, (d) a communication plan for intake and dissemination of information provided by Illinois regarding children with a food or other allergy that could result in anaphylaxis, including a discussion of methods, treatments, and therapies to reduce the risk of allergic reactions, including anaphylaxis, (e) strategies for reducing the risk of exposure to anaphylactic causative agents, including food and other allergens, and (f) a communication plan for discussion with children who have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food. 105 ILCS 5/2-3.182(b).

The *ISBE Model* is primarily focused on item (a). Little to no guidance for schools regarding items (b) – (f) exists in it other than to generally cite to voluminous resources made available by the Centers for Disease Control and Prevention (CDC) and National Association of School Nurses (NASN). See f/n 3, below. This policy and its implementing procedures are designed to supplement the *ISBE Model* and further lead school officials to resources regarding items (b) – (f). 105 ILCS 5/2-3.182(b)(1-6).

<sup>2</sup> The *ISBE Model* does not provide a specific definition for *anaphylactic emergency*, but it appears to use that term and *anaphylaxis* interchangeably.

<sup>3</sup> This ends statement requires board work and should be discussed (what effect or impact will this district statement have on the students and the community?) and altered accordingly before board adoption. The *ISBE Model* provides that students at risk for anaphylaxis benefit from a policy that coordinates a planned response in the event of an anaphylactic emergency, and it emphasizes that an emergency plan should include all stakeholders. For more information on ends statements and governance, see IASB's *Foundational Principles of Effective Governance* at: [www.iasb.com/principles\\_popup.cfm](http://www.iasb.com/principles_popup.cfm).



The Superintendent or designee shall develop and implement an Anaphylaxis Prevention, Response, and Management Program for the prevention and treatment of anaphylaxis that: <sup>4</sup>

1. Fully implements the Ill. State Board of Education (ISBE)'s model policy required by the School Code that: (a) relates to the care and response to a person having an anaphylaxis reaction, (b) addresses the use of epinephrine in a school setting, (c) provides a full food allergy and prevention of allergen exposure plan, and (d) aligns with 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. <sup>5</sup>
2. Ensures staff members receive appropriate training, including: (a) an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management, and (b) training required by law for those staff members acting as *trained personnel*, as provided in 105 ILCS 5/22-30 and 23 Ill.Admin.Code §1.540. <sup>6</sup>
3. Implements and maintains a supply of undesignated epinephrine in the name of the District, in accordance with policy 7:270, *Administering Medicines to Students*. <sup>7</sup>
4. Follows and references the applicable best practices specific to the District's needs in the Centers for Disease Control and Prevention's *Voluntary Guidelines for Managing Food*

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The clause "using a cooperative effort among students' families, staff members, students, health care providers and emergency medical services, and the community" is optional and can be removed. The purpose of the clause is to share responsibility for management among all stakeholders.

<sup>4</sup> 105 ILCS 5/10-20. To balance the requirement to implement a policy based upon the *ISBE Model* (105 ILCS 5/2-3.182(d)) with the practicalities of managing a district, this paragraph delegates the board's implementation duty to the superintendent.

<sup>5</sup> Number one outlines the goals that the legislature directed ISBE to include in the topics covered by the *ISBE Model*. 105 ILCS 5/2-3.149(a)-(c). The *ISBE Model* is based on the *Virginia Dept. of Education Anaphylaxis Policy*, available at: [www.doe.virginia.gov/support/health\\_medical/anaphylaxis\\_epinephrine/](http://www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/), and it incorporates NASN recommendations for a comprehensive anaphylaxis school policy. See the *NASN Sample Anaphylaxis Policy*, at: [www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis](http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis). Boards may add further expectations and include additional goals that reflect those expectations here. Ensure that any additional expectations or goals align with policy 7:270, *Administering Medicines to Students*.

<sup>6</sup> Number two includes the biennial in-service training program required by 105 ILCS 5/10-22.39(e) and training required by 105 ILCS 5/22-30(g) for those staff members who will be *trained personnel*, authorized by 105 ILCS 5/22-30(b-10), to provide or administer undesignated epinephrine in specific situations. The law authorizes *school nurses* and *trained personnel* to administer undesignated epinephrine. See sample policy 5:100, *Staff Development Program* (at f/n 5 if the board does not list all training in the policy), and 7:270-AP2, *Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon*. 105 ILCS 5/22-30(b-5) does not specifically state that staff members authorized to administer (student-specific) epinephrine under a student's specific individual plan must also complete the more rigorous training required for *trained personnel*. However, the *ISBE Model* is clear that "[o]nly trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction," and it requires each building-level administrator to identify at least two employees, in addition to the school nurse (if any), to be *trained personnel*. The more in-depth training for staff members who may administer epinephrine (whether student-specific or undesignated) is also a best practice emphasized in the *CDC Guidelines*, which is referenced in the *ISBE Model* (see f/n 8, below).

<sup>7</sup> Optional. Delete number three if a board has not adopted the **School District Supply of Undesignated Epinephrine Injectors** subhead in policy 7:270, *Administering Medicine to Students*.

*Allergies in Schools and Early Care and Education Programs* and the *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*.<sup>8</sup>

5. Provides annual notice to the parents/guardians of all students to make them aware of this policy.<sup>9</sup>
6. Complies with State and federal law and is in alignment with Board policies.

#### Monitoring<sup>10</sup>

Pursuant to State law and policy 2:240, *Board Policy Development*, the Board monitors this policy at least once every three years by conducting a review and reevaluation of this policy to make any necessary and appropriate revisions. The Superintendent or designee shall assist the Board with its reevaluation and assessment of this policy's outcomes and effectiveness. Any updates will reflect any necessary and appropriate revisions.

LEGAL REF.: 105 ILCS 5/2-3.182, 5/10-22.39(e), and 5/22-30.  
23 Ill.Admin.Code §1.540.  
*Anaphylaxis Response Policy for Illinois Schools*, published by ISBE.

CROSS REF.: 4:110 (Transportation), 4:120 (Food Services), 4:170 (Safety), 5:100 (Staff Development Program), 6:120 (Education of Children with Disabilities), 6:240 (Field Trips), 7:180 (Prevention of and Response to Bullying, Intimidation and Harassment), 7:250 (Student Support Services), 7:270 (Administering Medicines to Students), 8:100 (Relations with Other Organizations and Agencies)

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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.

<sup>8</sup> Number four refers to the CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, at: [www.cdc.gov/healthyschools/foodallergies/pdf/20\\_316712-A\\_FA\\_guide\\_508tag.pdf](http://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf) (CDC Guidelines), which is cited in the *ISBE Model* as a resource for a "full food allergy and prevention of allergen exposure plan." Adopting the entire, voluminous CDC Guidelines document as policy is not practical. The CDC Guidelines also state that not every recommendation will be appropriate or feasible for every district's needs. The *National Association of School Nurses Allergies and Anaphylaxis Resources/Checklists*, at: <http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>, are also linked as a resource in the *ISBE Model*. The *ISBE Model* acknowledges that not all schools have access to school nurses or other health staff on a regular basis, and it encourages districts to take this into consideration when developing building-level plans.

<sup>9</sup> Number five is required by 105 ILCS 5/2-3.182(c), added by P.A. 102-413. The notification must include contact information for parents/guardians to engage further with the district to learn more about individualized aspects of the policy. For ease of administration, districts may want to include this notification in student handbook(s). The Ill. Principal's Association (IPA) 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>10</sup> 105 ILCS 5/2-3.182(e) provides that ISBE shall review and update its model policy at least once every three years. Although this section does not expressly state that boards must also conduct a review within this time frame, that is the logical conclusion based on a board's duty in 105 ILCS 5/10-16.7 to direct the superintendent through policy.



## Students

### Administrative Procedure - Anaphylaxis Prevention, Response, and Management Program<sup>1</sup>

The following procedure implements policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, which is based upon the Ill. State Board of Education's (ISBE) *Anaphylaxis Response Policy for Schools (ISBE Model)*, available at: [www.isbe.net/Documents/Anaphylactic-policy.pdf](http://www.isbe.net/Documents/Anaphylactic-policy.pdf) (105 ILCS 5/2-3.182). The District's Anaphylaxis Prevention, Response, and 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. Anaphylaxis Prevention, Response, and Management Program
3. Individual Allergy Management (Three Phases)
  - Phase One: Identification of Students with Allergies
  - Phase Two: Plan to Reduce Risk of Allergic Reactions
  - Phase Three: Response to Allergic Reactions

#### Glossary of Terms

**The Terms Related to This Model Anaphylaxis Response Policy of the ISBE Model (p. 4) is incorporated here by reference.** In this procedure, the term **epinephrine injector** is used in lieu of **epinephrine auto-injector** (*ISBE Model*, p. 4) because that is the term used in the School Code, but they have the same meaning.

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**The footnotes should be removed before the material is used.**

<sup>1</sup> "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 an anaphylaxis prevention, response, and management program must include, but development and implementation of the actual 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, *Anaphylaxis Prevention, Response, and Management Program* (Program). The purpose of the sentence is to allocate responsibility for allergy management among the district, staff, and allergic students and their families and alert the community that successful implementation relies upon everyone to understand the seriousness of food and non-food allergies.

The Ill. State Board of Education (ISBE)'s *Anaphylaxis Response Policy for Schools (ISBE Model)* does not prescribe or suggest any particular sample forms to be used as part of a district's Program. This procedure suggests sample forms that are made available through resources cited by the *ISBE Model*. Given the expansion of State law to address not only food allergies, but other allergies that could result in anaphylaxis, districts should ensure that whatever forms they use can accommodate both food and non-food allergies.

Complicating this issue, 105 ILCS 5/22-30(b-5) still refers to the *Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form (Ill. EAP)*, which was included in an appendix to the now-retired publication, *Procedures for Managing Life-Threatening Food Allergies in Schools* (2010). It is unknown if the *Ill. EAP* form or other forms that appeared in the 2010 publication will continue to be accessible on the ISBE website. The sample *Allergy and Anaphylaxis Emergency Plan* referenced in these procedures is similar, but not identical to, the *Ill. EAP* form. Consult the board attorney for guidance on the continued use of the *Ill. EAP* or use of another form.

**Anaphylaxis** - A severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat.

**Anaphylaxis Prevention, Response, and Management Program (Program)** - The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, *Anaphylaxis Prevention, Response and Management Program*, which is based upon the *ISBE Model*.

**Anaphylaxis Prevention, Response, and Management Committee (Committee)** - A District-level team that the Superintendent creates to develop an Anaphylaxis Prevention, Response, and Management Program. It monitors the District's Anaphylaxis Prevention, Response, and Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board once every three years.

**CDC Guidelines** - The *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, published by the Centers for Disease Control and Prevention (2013) and available at: [www.cdc.gov/healthyschools/foodallergies/pdf/20\\_316712-A\\_FA\\_guide\\_508tag.pdf](http://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf). The CDC Guidelines are referred to in the *ISBE Model* as "a full food allergy and prevention of allergen exposure plan." The CDC Guidelines are focused on the management of food allergies, but they also mention other allergens that may result in anaphylaxis (p. 21).

**Individual 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.

**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 an allergic student's needs, and at minimum, includes the precautions necessary for 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 an 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.<sup>2</sup>

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<sup>2</sup> Prior to the 2008 amendments to the Americans with Disabilities Act, courts frequently found that allergies were not disabilities under Section 504 (see, e.g., *Smith v. Tangipahoa Parish Sch. Bd.*, 2006 WL 3395938 (D.Ct. LA 2006)). As a result, schools commonly drafted Individual Health Care Plans (IHCP) and Emergency Action Plans (EAP) for 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.



**504 Team** - A building-level team that implements the phases of Individual 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/Designated School Personnel (DSP)<sup>3</sup>, not a 504 Team.

#### Anaphylaxis Prevention, Response and Management Program

This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food or other allergies. 105 ILCS 5/2-3.182. 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. CDC Guidelines, p. 9. This section references the *ISBE Model* 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 5/2-3.182 was that school boards implement a policy based upon the ISBE Model by 8-17-22. Implementation methods are many; this Program provides one method.

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<sup>3</sup> The term *designated school personnel* does not appear in the *ISBE Model* or *CDC Guidelines*, but it is used in this procedure to refer to staff members who are assigned duties because a district does not have a nurse on staff.



Actor	Action
Superintendent or designee	<p>Establish a District-wide Anaphylaxis Prevention, Response, and Management Committee (Committee) to operate as a Superintendent committee. Consider including:</p> <ul style="list-style-type: none"> <li>District-level administrators</li> <li>Building Principals (Building Principals are mandatory for successful implementation of the Program)</li> <li>District Safety Coordinator (see 4:170-AP1, <i>Comprehensive Safety and Security Plan, Part C, District Safety Coordinator and Safety Team; Responsibilities</i>)</li> <li>District 504 Coordinator (see 6:120, <i>Education of Children with Disabilities</i> and 6:120, AP1, E1 <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>)</li> <li>Staff members, e.g., school nurse/health aide, teachers, paraprofessionals, food service staff, bus drivers, athletic coaches</li> <li>Parents/Guardians</li> <li>Community members, e.g., individuals with expertise in allergens and anaphylaxis</li> <li>Students</li> </ul> <p>Chair and convene Committee meetings for the purpose of implementing the Program. <b>Note:</b> 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 <i>ISBE Model</i> document, available at: <a href="http://www.isbe.net/Documents/Anaphylactic-policy.pdf#search=anaphylaxis">www.isbe.net/Documents/Anaphylactic-policy.pdf#search=anaphylaxis</a> , or create a document that is consistent with the requirements of the <i>ISBE Model</i>, but also reflects the specific needs of the school district.</p> <p>Inform the School Board of the Committee's progress and needs by adding information items to the Board's agendas at least once every three years.</p>
Anaphylaxis Prevention, Response, and Management Committee	<p>Identify existing policies, procedures, and exhibits that affect implementation of the Program, including, but not limited to:</p> <ul style="list-style-type: none"> <li>1:20, <i>District Organization, Operations, and Cooperative Agreements</i></li> <li>2:20, <i>Powers and Duties of the School Board; Indemnification</i></li> <li>2:240, <i>Board Policy Development</i></li> <li>4:110, <i>Transportation</i></li> <li>4:120, <i>Food Services</i></li> <li>5:100, <i>Staff Development Program</i></li> <li>5:100-AP, <i>Staff Development Program</i></li> <li>6:65, <i>Student Social and Emotional Development</i></li> <li>6:120, <i>Education of Children with Disabilities</i></li> <li>6:120-AP1, <i>Special Education Procedures Assuring the Implementation of Comprehensive Programming for Children with Disabilities</i></li> <li>6:240, <i>Field Trips</i></li> <li>7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i></li> <li>7:250, <i>Student Support Services</i></li> </ul>

Actor	Action
	<p>7:270, <i>Administering Medicines to Students</i>  7:270-AP1, <i>Dispensing Medication</i>  7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i><sup>4</sup>  7:270-E1, <i>School Medication Authorization Form with the Allergy and Anaphylaxis Emergency Plan (AAEP)</i>  8:100, <i>Relations with Other Organizations and Agencies.</i></p> <p>At least once every three years, recommend to the Superintendent any necessary policy changes that must be brought to the School Board for consideration. See policy 2:240, <i>Board Policy Development</i>.</p> <p>Recommend to the Superintendent any amendments to administrative procedures. <b>Note:</b> The Committee may want to utilize the <i>American Academy of Pediatrics</i>' sample emergency action plan form, <i>Allergy and Anaphylaxis Emergency Plan (AAEP)</i> available at: <a href="https://downloads.aap.org/AAP/PDF/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf">https://downloads.aap.org/AAP/PDF/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf</a> in conjunction with 7:270-E1, <i>School Medication Authorization Form</i>, for allergy management purposes. The American Academy of Pediatrics AAEP does not include the parent/guardian acknowledgment of district immunity or the hold harmless/indemnification agreement required by 105 ILCS 5/22-30 and 5/22.21b that is included in 7:270-E1, <i>School Medication Authorization Form</i>. See 7:270, <i>Administering Medicines to Students</i>, at f/n 7, for more information. Consult the Board Attorney if the District wants to use only one form for allergy management purposes to ensure all mandated language included.</p> <p>The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (CDC Guidelines, p. 50) to the District's School Safety Drill Plan (see 4:170-AP1, <i>Comprehensive Safety and Security Plan</i>, paragraph F., <b>School Safety Drill Plan</b>). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph <b>E., Annual Safety Review</b> of 4:170-AP1, <i>Comprehensive Safety and Security Plan</i> to include the applicable bolded items (a)-(f) listed in the CDC Guidelines on preparation for food allergy emergencies (p. 31-34).</p> <p>Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program and the <i>ISBE Model</i>, and to prepare each individual Building Principal to implement it in his or her building. <b>Note:</b> The Board Attorney will be a necessary participant in the District's efforts to manage anaphylaxis 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.</p>

The footnotes should be removed before the material is used.

<sup>4</sup> Delete this procedure from the list if a board has not adopted the **School District Supply of Undesignated Epinephrine Injectors** subhead in policy 7:270, *Administering Medicines to Students* (see f/n 12). See also policy 7:285, *Anaphylaxis Prevention, Response, and Management Program*, at f/n 7.

Actor	Action
	<p>Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required annual 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 injector (105 ILCS 5/10-22.39(e)). This training will also be incorporated into new school employee training. <b>Note:</b> State law requires the in-service training to be conducted every two years, but the <i>ISBE Model</i> states that schoolwide training be conducted annually, when new employees are onboarded, and when an individual is identified as being at risk. <i>Person with expertise</i> is not defined, but the use of the word <i>expertise</i> suggests that using a lay person to provide training is not appropriate. Consider the list of training resources in the CDC Guidelines (p. 100-101). This training should include (CDC Guidelines, p. 36):</p> <ul style="list-style-type: none"> <li>• A review of policies and building procedures</li> <li>• An overview of food allergies</li> <li>• Definitions of key terms, including <i>food allergy</i>, <i>major allergens</i>, <i>epinephrine</i>, and <i>anaphylaxis</i></li> <li>• The difference between a potentially life-threatening food allergy and other food-related problems</li> <li>• Signs and symptoms of a food allergy reaction and anaphylaxis (see <i>ISBE Model</i>, p. 5) and information on common emergency medications</li> <li>• General strategies for reducing and preventing exposure to allergens (in food and non-food items)</li> <li>• Policies on bullying and harassment and how they apply to children with food allergies</li> <li>• The District's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate</li> </ul> <p>Consider implementing the above issues by informing staff of the goals established in each of the following Board policies:</p> <p>6:65, <i>Student Social and Emotional Development</i>. 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 Ill. Learning Standards.</p> <p>7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>. 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. <b>Note:</b> 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 CDC 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.</p>



Actor	Action
	<p>Be sure locally adopted board policies contain the referenced policy language.</p> <p>Provide developmentally appropriate allergy education for students as part of a curriculum topic, e.g. health, physical education, general science, consumer science, character education, so that students can: (1) identify signs and symptoms of anaphylaxis, (2) know and understand why it is wrong to tease or bully others, including people with allergies, (3) know and understand the importance of finding a staff member who can help respond to suspected anaphylaxis, and (4) understand rules on hand washing, food sharing, allergen-safe zones, and personal conduct. <sup>5</sup></p> <p>Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. A successful Program needs support and participation from parents of children with and without allergies. Parents and families need to learn about the District's food allergy policy and practices through communications from administrators, school health staff, classroom teachers, and food service staff. See CDC Guidelines, p. 38 and p. 100-102 (National Nongovernmental Resources, including resources for Parent Education).</p> <p>Monitor the Program by assessing its effectiveness at least once every three years.</p> <p>Incorporate updated medical best practices into all areas of the Program.</p> <p>Establish a schedule for the Superintendent to report any recommendations to enhance the Program's effectiveness to the Board for consideration.</p>
Building Principal	<p>Inform the school community of the Program by providing the information to students and their parents/guardians. For a sample letter, see <a href="http://www.stlouischildrens.org/sites/default/files/pdfs/FAMEToolkit2017-section3-admin.pdf">www.stlouischildrens.org/sites/default/files/pdfs/FAMEToolkit2017-section3-admin.pdf</a>, p. 14. Inform the school community of the opportunities to better understand food allergy management issues.</p> <p>Implement the Program in the building by meeting with the Nurse or, if a nurse is not available, other designated school personnel (DSP) and special education staff in the building to examine the <i>ISBE Model</i>. Identify and follow:</p> <p style="padding-left: 40px;">All best practices that apply to the conditions in the school building, including classrooms and the cafeteria, as well as on school transportation, at school-sponsored events (including activities before and after school, and field trips), and during physical education/recess to reduce exposure to allergens. See <i>ISBE Model</i>, p.3, and CDC Guidelines, p. 43-45.</p> <p style="padding-left: 40px;">All items from the actions for School Administrators and Registered School Nurses that apply to the working conditions in the school settings listed immediately above. CDC Guidance, p. 59-64.</p> <p>Educate staff members about the Program and their likely involvement with the</p>

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<sup>5</sup> Optional. Including food allergy awareness education in the curriculum exceeds State law requirements; it is included in the *CDC Guidelines* as a best practice. *CDC Guidelines*, p. 38.

Actor	Action
	<p>daily management of food (or non-food) allergies for individual students (Individual Allergy Management). CDC Guidelines, p. 27-31. Inform staff members about healthy and active non-food rewards, see: <a href="http://www.actionforhealthykids.org/activity/healthy-active-non-food-rewards/">www.actionforhealthykids.org/activity/healthy-active-non-food-rewards/</a></p> <p>Identify at least two employees in the building, in addition to the Nurse/DSP, to be trained in the administration of epinephrine by auto-injection. Only <i>trained personnel</i> may administer epinephrine to a student believed to be having an anaphylactic reaction. (<i>ISBE Model</i>, p. 6). For training requirements, see 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>. <b>Note:</b> Although 105 ILCS 5/22-30 permits any “personnel authorized” under a student’s specific individual plan to administer an undesignated epinephrine injector, the <i>ISBE Model</i> makes no such distinction and requires all personnel administering epinephrine (whether prescribed to a student or undesignated) to a student to complete the training required of <i>trained personnel</i>.</p> <p>Annually notify parents/guardians in the student handbook(s) of policy 7:285, <i>Anaphylaxis Prevention, Response, and Management Program</i>, and include the contact information of a staff member who parents/guardians can contact if they have questions about how the policy applies to their child. To increase awareness of the bullying issues faced by students with allergies, consider including information for students and their parents/guardians about the goals established in Board policy 7:180, <i>Prevention of and Response to Bullying, Intimidation, and Harassment</i>.</p>
School Board	<p>Monitor policy 7:285, <i>Anaphylaxis Prevention, Response, and Management Program</i>, at least once every three years, and consider changes recommended by the Committee. See policy 2:240, <i>Board Policy Development</i>.</p> <p>Consider all policy changes recommended by the Superintendent.</p> <p>Provide the appropriate resources for the Superintendent to successfully implement the Program.</p>

### Individual Allergy Management

This section’s procedures are implemented each time the school identifies a student with an allergy. It follows policy 6:120, *Education of Children with Disabilities* and references additional considerations based upon the *ISBE Model*. It relies heavily upon Building Principals and the Nurse/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 Allergies**

Actor	Action
Parent/Guardian	Inform the Building Principal of the student’s food allergy.



Actor	Action
	<p>Complete an Allergy History Form, (for a sample, see the <i>Family Allergy History Form</i>, available at: <a href="http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis">www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis</a> and School Medication Authorization Form (see 7:270-E1, <i>School Medication Authorization Form</i>). Return them to the Building Principal or Nurse/DSP. <b>Note:</b> The AAEP may be used in conjunction with 7:270-E1, <i>School Medication Authorization Form</i>.</p> <p>If the District participates in the U.S. Dept. of Agriculture’s Child Nutrition Programs and the student has a disability that requires meal modifications, complete a medical statement signed by a licensed healthcare provider. CDC Guidelines, p. 28. See <a href="https://www.isbe.net/Documents/2017-ACCOM-MANUAL-SP40.pdf">https://www.isbe.net/Documents/2017-ACCOM-MANUAL-SP40.pdf</a> for information and the <i>Medical Authority Modified Meal Request Form</i> at: <a href="http://www.isbe.net/_layouts/Download.aspx?SourceUrl=/Documents/Medical-Authority-Modified-Meal-Request-Form.docx">www.isbe.net/_layouts/Download.aspx?SourceUrl=/Documents/Medical-Authority-Modified-Meal-Request-Form.docx</a>.</p> <p>Cooperate with school staff to provide the medical information necessary directly from the student’s health care provider to develop plans for managing individual care and emergency actions. CDC Guidelines, p. 27.</p> <p>Participate in all meetings to assess and manage the individual student’s health needs.</p>
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	<p>Modify this section if the District implements IHCPs. See <b>Glossary</b> above for more information.</p> <p>For a student who is not already identified as a student with a disability, 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, <i>Education of Children with Disabilities</i>).</p> <p>For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her allergy, determine:</p> <ol style="list-style-type: none"> <li>1. Whether the student’s allergy requires <i>related services</i> to ensure the provision of a “free appropriate public education” (FAPE), and/or</li> <li>2. Whether the student’s allergy requires appropriate <i>reasonable accommodations</i> for the student’s disability.</li> </ol> <p>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 § 226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>.</p>



Actor	Action
	<p><b>If the answer to either of the above questions is positive:</b></p> <ol style="list-style-type: none"> <li>1. Gather appropriate health information by using the completed <i>Allergy History Form</i> and AAEP.</li> <li>2. Identify all necessary accommodations and complete a 504 Plan (use the District's established forms). For meal substitutions, the parent/guardian must submit a medical statement signed by a licensed healthcare provider.</li> <li>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 staff members to consider, see CDC Guidelines, Sec. 3, <i>Putting Guidelines into Practice: Actions for School Administrators and Staff</i>, p. 59-80.</li> <li>4. Assign responsibilities to individual staff members for providing the identified accommodations. Inform staff members absent during the creation of the 504 Plan of their responsibilities.</li> <li>5. Identify willing 504 Team members trained in emergency response to respond to any allergic reactions the student may have. Only <i>trained personnel</i> may administer epinephrine to a student believed to be having an anaphylactic reaction. <i>ISBE Model</i>, p. 6. <b>Note:</b> 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.</li> <li>6. Provide the required procedural safeguard notices. See 23 Ill.Admin.Code §226.510; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, <i>Notice to Parents/Guardians Regarding Section 504 Rights</i>.</li> </ol>

#### Phase Two: Plan to Reduce Risk of Allergic Reactions

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.

Actor	Action
	<p>Ensure individual staff members are properly trained and perform their responsibilities and provide the necessary accommodations for the student's individual health needs.</p> <p>Facilitate the dissemination of accurate information in the building about the student's allergy while respecting privacy rights.</p> <p><b>Note:</b> Request permission from the Superintendent to consult the Board Attorney about best practices for 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, <i>Letter to Anonymous</i>, 107 LRP 28330 (FPCO 2007)).</p> <p>Provide a medical alert to parents/guardians that does not name the student. See CDC Guidelines, p. 71, #5. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen. For a sample letter, see <i>Notification of a Food Allergy in the Classroom – Parent Letter</i>, available at: <a href="http://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis">www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis</a>.</p> <p><b>Note:</b> 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, <i>Student Records</i>.</p> <p>Prepare a list of answers to anticipated questions about managing the student's health needs.</p> <p>Check with the Nurse/DSP regarding any known competing educational interests with the student's health needs among other</p>

Actor	Action
	<p>students attending the school (i.e., diabetes, service animals, etc.). Manage identified students' competing educational interests by:</p> <ol style="list-style-type: none"> <li>1. Consulting the Board Attorney.</li> <li>2. Creating a method to monitor identified competing educational interests between students.</li> <li>3. Responding to future unidentified competing educational interests and managing them immediately.</li> <li>4. Modifying any other conditions as the facts of the situation require.</li> </ol>
IEP or 504 Team	<p>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 it critical to follow the exact accommodations in the student's 504 Plan.</p> <p>Practice emergency procedures outlined in the student's AAEP and be prepared to follow them. <i>ISBE Model</i>, p. 5.</p>
Parent/Guardian	<p>Implement and follow the applicable items at: <a href="http://www.foodallergy.org/resources/getting-started-school">www.foodallergy.org/resources/getting-started-school</a>, to assist the District in managing food allergies in the school setting.</p>
Student	<p>Implement and follow developmentally appropriate steps for allergy self-management, such as reading labels, asking questions about foods in the school meal and snack programs, avoiding unlabeled or unknown foods, using epinephrine injectors when needed, and recognizing and reporting an allergic reaction to an adult. CDC Guidelines, p. 31.</p>

### Phase Three: Response to Allergic Reactions

Actor	Action
IEP or 504 Team	Follow the student's 504 Plan and AAEP.
Nurse/DSP or any Staff Member trained in the District's emergency response procedures (if a Nurse is not immediately available)	<p>If the student does not have an AAEP and there is a suspected case of anaphylaxis, and the District does not maintain an undesignated supply of epinephrine (<i>ISBE Model</i>, p. 5-6):</p> <ol style="list-style-type: none"> <li>1. Instruct another staff member to call 911 immediately.</li> <li>2. Stay with the person until emergency medical services (EMS) arrive.</li> <li>3. Monitor the person's airway and breathing.</li> <li>4. If school nurse or other <i>trained personnel</i> are not at the scene, implement local emergency notification to activate the nurse or <i>trained personnel</i> to respond.</li> <li>5. Direct a staff member to call parent/guardian (if applicable).</li> <li>6. Administer CPR, if needed.</li> </ol>



Actor	Action
	<ol style="list-style-type: none"> <li>7. EMS transports individual to the emergency room. Document the individual's name, date, time of onset of symptoms, and possible allergen. <b>Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.</b></li> <li>8. Do not allow a student to remain at school or return to school on the day epinephrine is administered.</li> </ol>
<p>Anyone implements item #1 of the first numbered list</p> <p>Nurse/DSP or other <i>Trained Personnel</i> implements the remaining items</p>	<p>If the Nurse or <i>trained personnel</i> have a good faith belief that a person is having an anaphylactic reaction, and the District needs to use its undesignated (not student-specific) supply of epinephrine to respond (<i>ISBE Model</i>, p. 5-6): <sup>6</sup></p> <ol style="list-style-type: none"> <li>1. Call the Nurse or front office personnel and advise of the emergency situation so that <i>trained personnel</i> can be activated to respond with undesignated epinephrine dose(s).</li> <li>2. Instruct someone to call 911 immediately.</li> <li>3. Implement the District's undesignated epinephrine standing protocol. See 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>.</li> <li>4. Select the appropriate dose according to the standing protocol and administer epinephrine. Note the time. <b>Act quickly. It is safer to give epinephrine than to delay treatment. This is a life-and-death decision.</b></li> <li>5. Stay with the person until EMS arrives.</li> <li>6. Monitor the person's airway and breathing.</li> <li>7. Reassure and attempt to calm the person, as needed.</li> <li>8. Direct another staff member to call the parent/guardian, or emergency contact (if known).</li> <li>9. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine five to 15 minutes after the initial injection. Note the time.</li> <li>10. Administer CPR, if needed.</li> <li>11. EMS transports the individual to the emergency room. Document the individual's name, date, and time the epinephrine was administered on the epinephrine injector that was used and give to EMS to accompany individual to the emergency room.</li> </ol>

The footnotes should be removed before the material is used.

<sup>6</sup> Delete this entire row if the district does not maintain an undesignated supply of epinephrine.

Actor	Action
	<p><b>Even if symptoms subside, EMS must still respond, and the individual must be evaluated in the emergency department or by the individual's health care provider. A delayed or secondary reaction may occur, which can be more severe than the first-phase symptoms.</b></p> <p><u>Post-Event Actions</u></p> <ol style="list-style-type: none"> <li>1. Document the incident and complete all reporting requirements. See 7:270-AP2, <i>Checklist for District Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon</i>.</li> <li>2. Replace epinephrine stock medication, according to the District's standing protocol. Reorder epinephrine stock medication, as necessary.</li> </ol>
Nurse/DSP	<p>If a student has no AEAP and 504 Plan, provide the parent/guardian with the AAEP and <i>Allergy History</i> forms and refer them to the process outlined in the <b>Identification of Students with Allergies</b> phase above.</p> <p>After each allergy emergency, review how it was handled with the Building Principal, health aides/assistants (if applicable), parents/guardians, staff members involved in the response, and the student to identify ways to prevent future emergencies and improve emergency response. CDC Guidelines, p. 63.</p> <p>Assist students with allergies with transitioning back to school after an emergency. CDC Guidelines, p. 63.</p> <p><u>Storage, Access, and Maintenance of Undesignated Supply of Epinephrine (105 ILCS 5/22-30(f); ISBE Model, p. 6-7)</u><sup>7</sup></p> <ol style="list-style-type: none"> <li>1. Store, access, and maintain the stock of undesignated epinephrine injectors as provided in the District's standing protocol.</li> <li>2. Maintain the supply of undesignated epinephrine in accordance with the manufacturer's instructions. Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees F). Epinephrine should not be maintained in a locked cabinet or behind locked doors. Trained staff should be made aware of the storage location in each school. It should be protected from exposure to hot, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be</li> </ol>

The footnotes should be removed before the material is used.

<sup>7</sup> Delete this section if the district does not maintain an undesignated supply of epinephrine.

Actor	Action
	<p>replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.</p> <p>3. Regularly (e.g., monthly) check stock epinephrine to ensure proper storage, expiration date, and medication stability. Maintain documentation when checks are conducted. Expired injectors or those with discolored solutions or solid particles should not be used.</p> <p>4. Dispose of epinephrine injectors in a sharps container.</p>

LEGAL REF: 105 ILCS 5/2-3.182, 5/10-22.21b, 5/10-22.39(e), and 5/22-30.  
23 Ill.Admin.Code §1.540  
*Anaphylaxis Response Policy for Illinois Schools*, published by the Ill. State Board of Education.



## Students

### Exhibit - Agreement to Participate

*On District letterhead*

**Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic athletics or intramural athletics. The completed *Agreement* should be returned to the Coach.**

Student Name (*printed*) \_\_\_\_\_

1. I wish to participate in the interscholastic athletics or intramural athletics that are circled: 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, wrestling, other (identify sports) \_\_\_\_\_. (Another *Agreement* must be signed if the student later decides to participate in a sport not circled above).
2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate, and I agree to abide by them.
3. Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the *Pre-Participation Physical Examination Form* from the Illinois High School Association (IHSA), Illinois Elementary School Association (IESA), or Southern Illinois Junior High School Athletic Association (SIJHSAA) serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, *IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent*.
4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel

with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved.

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**Student Signature, if under age 18**

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**Date**

**To be read and signed by the parent/guardian of the student and the student, if 18 years or older:**

1. [*circle which applies*] **I give permission for my child/I agree** to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child/me to participate, I agree to hold the Board, its members, employees, agents, coaches, and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with my/my child's participation in the sport(s) or athletics. I assume all responsibility and certify that my child is/I am in good physical health and is capable of participation in the above indicated sport or athletics.

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**Parent/Guardian Signature**

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**Date**

---

**Student Signature, if 18 years or older**

---

**Date**

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_



**Students****Exhibit - Authorization for Medical Treatment**

*To be submitted to the Superintendent. (please print)*

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Physician	Physician phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize treatment by a licensed medical physician of my child in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. I understand that transfer of my child to any hospital reasonably accessible will be at my expense.

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

\_\_\_\_\_  
Date

## Students

### Exhibit - Using a Photograph or Video Recording of a Student

*Distribute to parent/guardian at the time he/she/they register(s) a child for school and/or annually at the beginning of the school year. Return to the Building Principal to be kept in the student's temporary record.*

Student \_\_\_\_\_

School Year \_\_\_\_\_

#### Pictures of Unnamed Students

Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

#### Pictures of Named Students

Sometimes the school may want to identify a student in a school picture. For example, school officials want to acknowledge those students who participate in a school activity or who deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign the consent below. Please complete and sign this form to allow the school to publish and otherwise use photographs and video recordings, with your child identified, while your child is enrolled in this school.

**I grant consent to the School District to identify the above-named student, by full name and/or the school the student attends, in any school sponsored material, publication, video recording, or website. This consent is valid for the entire time the above-named student is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.**

\_\_\_\_\_  
Parent/Guardian (if student is under age 18) Signature

\_\_\_\_\_  
Student (if age 18 or over) Signature

\_\_\_\_\_  
Date

#### Pictures of Students Taken By Non-School Agencies

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

## **Students**

### **Exhibit - Biometric Information Collection Authorization**

*If the District collects biometric information, distribute to parent/guardian at the time he/she/they register(s) a child for school and distribute to students upon turning 18. Return to the Building Principal to be kept in the student's temporary record.*

**Student** \_\_\_\_\_ **Anticipated Graduation Year** \_\_\_\_\_

The District collects biometric information from its students only for identification and/or fraud prevention purposes. Biometric information includes any information collected through an identification process for individuals based on their unique behavioral or physiological characteristics, including fingerprint, hand geometry, voice, or facial recognition, or iris or retinal scans. The School Code requires written permission from the individual who has legal custody of the student, or from the student if he or she has reached the age of 18, before the District may collect biometric information from students.

When collecting biometric information, the School Code also requires the District to:

1. Store, transmit, and protect all biometric information from disclosure.
2. Prohibit the sale, lease, or other disclosure of biometric information to another person or entity unless: (a) prior written permission by you is granted, or (b) the disclosure is required by court order.
3. Discontinue the use of a student's biometric information under either of the following conditions: (a) upon the student's graduation or withdrawal from the school district; or (b) upon receipt in writing of a request for discontinuation by the individual having legal custody of the student or by the student if he or she has reached the age of 18.
4. Destroy all of a student's biometric information within 30 days after the occurrence of either conditions 3(a) or 3(b) above.

**I consent to the collection of biometric information of the above-named student by the School District solely for identification or fraud prevention. I understand that this authorization is valid until he/she/they graduate(s) or withdraw(s) from the District, I request that the District's use of his/her/their biometric information be discontinued at that time or when he/she/they reach(es) the age of 18, whichever is earlier. I understand that a request for discontinuation of the use of the above-named student's biometric information may be made at any time by notifying the Building Principal in writing.**

\_\_\_\_\_  
Parent/Guardian (if student is under age 18) Signature

\_\_\_\_\_  
Student (if age 18 or over) Signature

\_\_\_\_\_  
Date



## Community Relations

### Exhibit - Application and Procedures for Use of School Facilities <sup>1</sup>

*To be submitted to the Superintendent.*

**This application must be approved before a non-school related group is allowed to use school facilities.** School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

<b>Organization name</b>	<b>Requested school facility</b>
<b>Supervisor from organization</b> <i>(must be 21 years of age or older)</i>	<b>Phone/email address</b>
<b>Program/activity</b>	<b>Date(s) and start/end time(s)</b>
<b>Equipment needed</b>	<b>Materials to be brought into facility</b>
<b>Room arrangement, including decorations</b>	<b>Food service required</b>

**1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.**

- The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
- Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
- Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
- No furniture or equipment may be moved without prior approval from the Building Principal.
- Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

\_\_\_\_\_ *Initial here if this is agreeable*

**2. All non-school related groups must agree to:**

**The footnotes should be removed before the material is used.**

<sup>1</sup> When a policy allows for community use of school facilities, the application and implementing procedures should have provisions to protect those facilities from damage and the district from unnecessary liability. The application and implementing procedures should also clearly identify which groups are considered *school-related*, what facilities are involved, and fees (if a tax supported body within the district wants to use a school facility, a board may want its fees to cover only direct costs to the district, e.g., personnel, utilities or other out-of-pocket expenses). The application and implementing procedures should also require that non-school related groups follow the district's plan for responding to a medical emergency at a physical fitness facility. See 4:170-AP6, *Plan for Responding to a Medical Emergency at a Physical Fitness Facility with an AED*, for a sample plan. No trained AED user is required on the premises when the activity is not directly supervised by an employee of the district. 210 ILCS 74/15(b-15).

- Indemnify and hold harmless the Board and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of school property.
- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the Board's discretion.
- Supply proof of insurance naming *[insert name of the District]* as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:\_\_\_\_\_

Insurance provider name and contact number

\_\_\_\_\_Initial here if this is agreeable

**3. All non-school related groups must pay the following fees:**

Rental charge (unless waived by Board policy):\_\_\_\_\_

Meal and beverage service (cost as determined by the cafeteria supervisor):\_\_\_\_\_

\_\_\_\_\_Initial here if this is agreeable

**4. Payment Method:** ☐ Check ☐ Money Order ☐ Credit Card

If payment is by check, please make check payable to:\_\_\_\_\_ *[insert name of District]*

If payment by credit card, please indicate the following: ☐ Visa ☐ Master Card ☐ Am Ex

Expiration date:\_\_\_\_\_ Credit Card No.:\_\_\_\_\_ CVV:\_\_\_\_\_ Today's date:\_\_\_\_\_

Authorized amount:\_\_\_\_\_ Authorized signature:\_\_\_\_\_

**5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an Automatic External Defibrillator (AED) is used.**

\_\_\_\_\_Initial here if this is agreeable

**6. All non-school related groups must agree to follow the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility with an AED*, 4:170-AP6.**

**Important:** The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

☐ Activity being proposed is not in a physical fitness facility.

\_\_\_\_\_Initial here if this is agreeable

☐ Copy of the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility with an AED* has been provided. 77 Ill.Admin.Code §§527.400(a) and 527.800(c). **Important:** State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law. 410 ILCS 4/10; 77 Ill.Admin.Code §527.100.

\_\_\_\_\_Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

**7. If the request involves a physical fitness facility, the non-school related group must:**

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.
- Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed.

\_\_\_\_\_Initial here if this is agreeable

I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.

I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.

Applicant name <i>(please print)</i>	Telephone number
Address	Email address
Applicant signature	Date

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

☐ Approved      ☐ Denied

Superintendent or designee	Date
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