



River Bend Community Unit School District #2

Where Everybody is Somebody

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Dear Parent/Guardian:

This letter is to notify you that our district, River Bend CUSD #2, is participating in the Undesignated Medications Program in collaboration with the Illinois Department of Public Health (IDPH). In this program, the IDPH and a local nurse practitioner has issued a standing order protocol for trained school personnel to use epinephrine injection, asthma medication, and/or naloxone in the setting of medical emergencies wherein a student, visitor, or staff person is experiencing a severe allergic/anaphylactic reaction, respiratory distress, and/or opioid overdose. The medications will be administered in appropriate circumstances.

As described in 105 ILCS 5/22-30, the school district and its employees and agents, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of epinephrine, asthma medication, and opioid antagonists regardless of whether authorization was given by a pupil's parents or guardians or by a pupil's physician, physician assistant, or advanced practice registered nurse. Parents or guardians 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 administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

Please sign the following statement:

I, _____ (First and Last Name of Parent/Guardian), acknowledge that I have read this notice.

Parent/Guardian Signature:

Date:

If a parent or guardian does not want their student to receive an undesignated medication in emergencies, please submit a written request to the school that their student shall not be administered the drugs under any circumstances.