Students

Administering Medicines to Students [1]

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

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed *School Medication Authorization Form (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. [2]

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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[1] 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. For a sample medication authorization form, see sample exhibit 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, sample 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*.

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

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

A student may self-administer medication required under a *qualifying plan*, provided the student's parent/guardian has completed and signed an *SMA Form*.[5] A qualifying plan means: (1) an asthma action plan, (2) an Individual Health Care Action Plan, (3) an allergy emergency action plan, (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.[6] A student's parent/guardian must indemnify and hold harmless the District and its employees and agents, against any claims, 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. [7]

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

[3] 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.

[4] 105 ILCS 5/10-22.21b(d). 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 sample administrative procedure 7:270-AP1, *Dispensing Medication*.

[5] 105 ILCS 5/10-22.21b(c), amended by P.A. 103-175. A student with an asthma action plan, an Individual Health Care Action Plan, an allergy emergency action plan, 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. This does not allow a student to self-carry unless otherwise permitted. Contact the board attorney for further guidance.

[6] 105 ILCS 5/22-30, amended by P.A. 102-413 (asthma medication and epinephrine injectors) and 105 ILCS 5/10-22.21b (medications required by a plan listed in 105 ILCS 5/10-22.21b(c)). 105 ILCS 5/22-30(c) requires this information to be in a notification to parents/guardians. 105 ILCS 5/10-22.21b 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 f/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.

[7] 105 ILCS 5/22-30(c) and 105 ILCS 5/10-22.21b(e). 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 sample exhibit 7:270-E1, *School Medication Authorization Form*. Discuss with the board attorney the method that works best for the district.

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School District Supply of Undesignated Asthma Medication [8]

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,[9] 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*.[10] 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. [11]

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

[8] 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. To address the challenge of filling prescriptions for undesignated asthma medication, the Ill. Pharmacists Association drafted a letter that may be presented to a pharmacy by a district, available at: www.isbe.net/Documents/IPA-Letter-Stock-Albuterol-Schools.pdf?_cldee=BtclIGusJeg4Wd3XGMA_81VB3v7EOogRMwj_acELKt5VyfZp_HK5z7IOPBWEkq8m&recipientid=contact-dcb493d09761eb11a8120022480a52c0-872cc093583c486e9087f877ee80a69d&esid=e1634f63-4397-ed11-aad1-000d3a3148fb.

[9] 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.

[10] 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.

[11] Id. at (g); 23 Ill.Admin.Code §1.540(e)(9) and (10).

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School District Supply of Undesignated Epinephrine Injectors [12]

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,[13] 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. [14]

School District Supply of Undesignated Opioid Antagonists [15]

The Superintendent or designee shall implement 105 ILCS 5/22-30(f) and maintain a supply of undesignated opioid antagonists and provide or administer them as necessary according to State law.

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

[12] 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 sample 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 administrative procedure 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 is 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.

[13] See the discussion regarding *trained personnel*, in f/n 9, above.

[14] See f/n 11, above.

[15] Required by 105 ILCS 5/22-30(f), amended by P.A. 103-348, eff. 1-1-24. In the case of a shortage of opioid antagonists, a district must make reasonable efforts to maintain a supply. Id. At least one opioid antagonist, a naloxone nasal spray, has been approved by the U.S. Federal Food and Drug Administration for over-the-counter, nonprescription use. A district must obtain a prescription for a supply of opioid antagonists from a *health care professional* with prescriptive authority under the Substance Use Disorder Act, 20 ILCS 301/5-23, unless it is able to secure a supply without a prescription. Id. *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). Id.

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.

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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 or obtained by the District without a prescription. A school nurse or trained personnel,[16] 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.[17] 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. [18]

School District Supply of Undesignated Oxygen Tanks [19]

In schools where the District maintains special educational facilities, the Superintendent or designee shall implement 105 ILCS 5/22-30(f) and maintain a supply of undesignated oxygen tanks in the name

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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.s 102-413 and 103-348. 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.

[16] See the discussion regarding *trained personnel* in f/n 9, above.

[17] See f/n 11, above.

[18] This sentence is optional. 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. See www.dhs.state.il.us/page.aspx?item=58142 for resources.

[19] Optional. 105 ILCS 5/22-30(f), amended by P.A. 103-196, eff. 1-1-24, permits a district maintaining special educational facilities under 105 ILCS 5/14-4.01 to maintain a supply of undesignated oxygen tanks in a secure location that is accessible before, during, and after school where a person with developmental disabilities is most at risk, including, but not limited to classrooms and lunchrooms. Delete if the district does not maintain special educational facilities for children with disabilities under 105 ILCS 5/14-4.01. *Special educational facility* is not specifically defined in 105 ILCS 5/14-4.01; consult the board attorney for advice regarding this term and if it is limited to separate buildings, self-contained classrooms, and/or programs attended solely by students with disabilities. For example, this option may not be available if a district utilizes a special education cooperative for all of its special education programming. There is a reference to *special education facilities* in 105 ILCS 5/14-12.01, which may provide some guidance; it addresses reimbursement for the construction and maintenance of "special education facilities designed and utilized to house instructional program, diagnostic services" and "other special education services for children with disabilities." 105 ILCS 22-30(f), amended by P.A. 103-196, eff. 1-1-24, does not specify who can administer undesignated oxygen, nor does it specify any training requirements for its use in schools. To minimize potential liability and ensure proper administration, a best practice is to restrict who can administer undesignated oxygen to school nurses and other school personnel who have received appropriate training on the emergency use and storage of oxygen. See sample administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*.

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of the District and provide or administer them as necessary. The supply shall be maintained in accordance with manufacturer instructions and local fire department rules.

School District Supply of Undesignated Glucagon [20]

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 [21]

The Compassionate Use of Medical Cannabis Program Act[22] allows a *medical cannabis infused product* to be administered to a student by one or more of the following individuals:

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

Consult the board attorney about the consequences of informing the community that the district will obtain a prescription for a supply of undesignated oxygen tanks 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 a person with development disabilities is most at risk as required by 105 ILCS 5/22-30(f), amended by P.A. 103-196, eff. 1-1-24. 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).

[20] Optional. 105 ILCS 145/27 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.

[21] 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)).
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 26, below, and paragraph two of f/n 1 in sample 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.

[22] 410 ILCS 130/.

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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[23] 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:
    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; [24]
    c. That student's parent/guardian completed, signed, and submitted a School Medication Authorization Form - Medical Cannabis; and [25]
    d. After administering the product to the student, the designated caregiver immediately[26] 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. [27]
3. The student him or herself when the self-administration takes place under the direct supervision of a school nurse or administrator. [28]

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

[23] Id. at 130/10(i), and 130/57(a) and (b). 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).

[24] 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.

[25] 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*.

[26] 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.

[27] 105 ILCS 5/22-33(b-5). 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). See www.isbe.net/Pages/Health.aspx for training resources.

[28] 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).

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Medical cannabis infused product (product) includes oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.[29] Smoking and/or vaping medical cannabis is prohibited. [30]

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. [31]

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[32] 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 [33]

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. [34]

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

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[29] 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 *hemp* or *industrial hemp* (hemp oil or cannabidiol (CBD) oil, the naturally occurring cannabinoid constituent of cannabis). Hemp or 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 and includes any intermediate or finished product made or derived from industrial hemp. 505 ILCS 89/5, amended by P.A. 102-690. Hemp or industrial hemp is also colloquially known as *agricultural hemp*.

Products from hemp or 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 hemp or industrial hemp (containing no THC) is not a violation of Illinois law because 720 ILCS 550/4 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.

[30] 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.

[31] 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 21) 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.

[32] 105 ILCS 5/22-33(d).

[33] 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 (see f/n 21) of the policy. If the board adopts one or some but not all, delete the appropriate paragraph(s) or sentence(s) in this section.

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

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licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school epinephrine injectors. [35]

The **School District Supply of Undesignated Opioid Antagonists** section of the policy is void whenever the Superintendent or designee is unable to obtain a supply of opioid antagonists due to a shortage, in which case the District shall make reasonable efforts to maintain a supply. [36]

The **School District Supply of Undesignated Oxygen Tanks** 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 oxygen tanks from a qualifying prescriber,[37] or (2) fill the District's prescription for undesignated oxygen tanks. [38]

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,[39] or (2) fill the District's prescription for undesignated school glucagon. [40]

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. [41]

Administration of Undesignated Medication [42]

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. [43]

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[35] See f/n 12, above.

[36] 105 ILCS 5/22-30(f), amended by P.A. 103-348, eff. 1-1-24. See f/n 15, above.

[37] 105 ILCS 22-30(f), amended by P.A. 103-196, eff. 1-1-24, 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 oxygen tanks in the name of the district to be maintained for use when necessary.

[38] See f/n 19, above.

[39] 105 ILCS 145/27 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.

[40] See f/n 20, above.

[41] 105 ILCS 5/22-33(f).

[42] 105 ILCS 5/22-30, amended by P.A. 102-413, and 105 ILCS 145/27 detail specific required notifications, which are listed in sample administrative procedure 7:270-AP2, *Checklist for District Supply of Undesignated Medication(s)*.

[43] 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, amended by P.A. 103-175), 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).

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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).

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 Medication(s)), 7:270-E1 (School Medication Authorization Form), 7:270-E2 (School Medication Authorization Form - Medical Cannabis)

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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 5/10-22.21b(e). See sample exhibit 7:270-E1, *School Medication Authorization Form*, for a sample acknowledgement.

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