



Rep. Rita Mayfield

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LRB104 16732 LNS 35739 a

1 AMENDMENT TO HOUSE BILL 4247

2 AMENDMENT NO. _____. Amend House Bill 4247 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The School Code is amended by changing Section
5 22-30 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma
8 medication and epinephrine injectors; administration of
9 undesignated epinephrine injectors; administration of an
10 opioid antagonist; administration of undesignated asthma
11 medication; supply of undesignated oxygen tanks; asthma
12 episode emergency response protocol.

13 (a) For the purpose of this Section only, the following
14 terms shall have the meanings set forth below:

15 "Asthma action plan" means a written plan developed with a
16 pupil's medical provider to help control the pupil's asthma.

1 The goal of an asthma action plan is to reduce or prevent
2 flare-ups and emergency department visits through day-to-day
3 management and to serve as a student-specific document to be
4 referenced in the event of an asthma episode.

5 "Asthma episode emergency response protocol" means a
6 procedure to provide assistance to a pupil experiencing
7 symptoms of wheezing, coughing, shortness of breath, chest
8 tightness, or breathing difficulty.

9 "Epinephrine injector" includes an auto-injector approved
10 by the United States Food and Drug Administration for the
11 administration of epinephrine and a pre-filled syringe
12 approved by the United States Food and Drug Administration and
13 used for the administration of epinephrine that contains a
14 pre-measured dose of epinephrine that is equivalent to the
15 dosages used in an auto-injector.

16 "Asthma medication" means quick-relief asthma medication,
17 including albuterol or other short-acting bronchodilators,
18 that is approved by the United States Food and Drug
19 Administration for the treatment of respiratory distress.

20 "Asthma medication" includes medication delivered through a
21 device, including a metered dose inhaler with a reusable or
22 disposable spacer or a nebulizer with a mouthpiece or mask.

23 "Athletic trainer" means a licensed athletic trainer hired
24 by or contracted by a school district or the governing body of
25 a charter school or nonpublic school to aid a school in the
26 evaluation, prevention, or physical reconditioning of injuries

1 and the management of asthma, the prevention of asthma
2 symptoms, and emergency asthma response in a school setting.

3 "Coach" means a volunteer or employee of a school who is
4 responsible for organizing and supervising students to teach
5 or train them in the fundamental skills of an interscholastic
6 athletic activity. "Coach" refers to both a head coach and an
7 assistant coach.

8 "Opioid antagonist" means a drug that binds to opioid
9 receptors and blocks or inhibits the effect of opioids acting
10 on those receptors, including, but not limited to, naloxone
11 hydrochloride or any other similarly acting drug approved by
12 the U.S. Food and Drug Administration.

13 "Respiratory distress" means the perceived or actual
14 presence of wheezing, coughing, shortness of breath, chest
15 tightness, breathing difficulty, or any other symptoms
16 consistent with asthma. Respiratory distress may be
17 categorized as "mild-to-moderate" or "severe".

18 "School nurse" means a registered nurse working in a
19 school with or without licensure endorsed in school nursing.

20 "Self-administration" means a pupil's discretionary use of
21 his or her prescribed asthma medication or epinephrine
22 injector.

23 "Self-carry" means a pupil's ability to carry his or her
24 prescribed asthma medication or epinephrine injector.

25 "Standing protocol" may be issued by (i) a physician
26 licensed to practice medicine in all its branches, (ii) a

1 licensed physician assistant with prescriptive authority, or
2 (iii) a licensed advanced practice registered nurse with
3 prescriptive authority.

4 "Trained personnel" means any school employee, coach,
5 athletic trainer, or volunteer personnel authorized in
6 Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who
7 has completed training under subsection (g) of this Section to
8 recognize and respond to anaphylaxis, an opioid overdose, or
9 respiratory distress.

10 "Undesignated asthma medication" means asthma medication
11 prescribed in the name of a school district, public school,
12 charter school, or nonpublic school.

13 "Undesignated epinephrine injector" means an epinephrine
14 injector prescribed in the name of a school district, public
15 school, charter school, or nonpublic school.

16 (b) A school, whether public, charter, or nonpublic, must
17 permit the self-administration and self-carry of asthma
18 medication by a pupil with asthma or the self-administration
19 and self-carry of an epinephrine injector by a pupil, provided
20 that:

21 (1) the parents or guardians of the pupil provide to
22 the school (i) written authorization from the parents or
23 guardians for (A) the self-administration and self-carry
24 of asthma medication or (B) the self-carry of asthma
25 medication or (ii) for (A) the self-administration and
26 self-carry of an epinephrine injector or (B) the

1 self-carry of an epinephrine injector, written
2 authorization from the pupil's physician, physician
3 assistant, or advanced practice registered nurse; and

4 (2) the parents or guardians of the pupil provide to
5 the school (i) the prescription label, which must contain
6 the name of the asthma medication, the prescribed dosage,
7 and the time at which or circumstances under which the
8 asthma medication is to be administered, or (ii) for the
9 self-administration or self-carry of an epinephrine
10 injector, a written statement from the pupil's physician,
11 physician assistant, or advanced practice registered nurse
12 containing the following information:

13 (A) the name and purpose of the epinephrine
14 injector;

15 (B) the prescribed dosage; and

16 (C) the time or times at which or the special
17 circumstances under which the epinephrine injector is
18 to be administered.

19 The information provided shall be kept on file in the office of
20 the school nurse or, in the absence of a school nurse, the
21 school's administrator.

22 (b-5) A school district, public school, charter school, or
23 nonpublic school may authorize the provision of a
24 student-specific or undesignated epinephrine injector to a
25 student or any personnel authorized under a student's
26 Individual Health Care Action Plan, allergy emergency action

1 plan, or plan pursuant to Section 504 of the federal
2 Rehabilitation Act of 1973 to administer an epinephrine
3 injector to the student, that meets the student's prescription
4 on file.

5 (b-10) The school district, public school, charter school,
6 or nonpublic school may authorize a school nurse or trained
7 personnel to do the following: (i) provide an undesignated
8 epinephrine injector to a student for self-administration only
9 or any personnel authorized under a student's Individual
10 Health Care Action Plan, allergy emergency action plan, plan
11 pursuant to Section 504 of the federal Rehabilitation Act of
12 1973, or individualized education program plan to administer
13 to the student that meets the student's prescription on file;
14 (ii) administer an undesignated epinephrine injector that
15 meets the prescription on file to any student who has an
16 Individual Health Care Action Plan, allergy emergency action
17 plan, plan pursuant to Section 504 of the federal
18 Rehabilitation Act of 1973, or individualized education
19 program plan that authorizes the use of an epinephrine
20 injector; (iii) administer an undesignated epinephrine
21 injector to any person that the school nurse or trained
22 personnel in good faith believes is having an anaphylactic
23 reaction; (iv) administer an opioid antagonist to any person
24 that the school nurse or trained personnel in good faith
25 believes is having an opioid overdose; (v) provide
26 undesignated asthma medication to a student for

1 self-administration only or to any personnel authorized under
2 a student's Individual Health Care Action Plan or asthma
3 action plan, plan pursuant to Section 504 of the federal
4 Rehabilitation Act of 1973, or individualized education
5 program plan to administer to the student that meets the
6 student's prescription on file; (vi) administer undesignated
7 asthma medication that meets the prescription on file to any
8 student who has an Individual Health Care Action Plan or
9 asthma action plan, plan pursuant to Section 504 of the
10 federal Rehabilitation Act of 1973, or individualized
11 education program plan that authorizes the use of asthma
12 medication; and (vii) administer undesignated asthma
13 medication to any person that the school nurse or trained
14 personnel believes in good faith is having respiratory
15 distress.

16 (c) The school district, public school, charter school, or
17 nonpublic school must inform the parents or guardians of the
18 pupil, in writing, that the school district, public school,
19 charter school, or nonpublic school and its employees and
20 agents, including a physician, physician assistant, or
21 advanced practice registered nurse providing standing protocol
22 and a prescription for school epinephrine injectors, an opioid
23 antagonist, or undesignated asthma medication, are to incur no
24 liability or professional discipline, except for willful and
25 wanton conduct, as a result of any injury arising from the
26 administration of asthma medication, an epinephrine injector,

1 or an opioid antagonist regardless of whether authorization
2 was given by the pupil's parents or guardians or by the pupil's
3 physician, physician assistant, or advanced practice
4 registered nurse. The parents or guardians of the pupil must
5 sign a statement acknowledging that the school district,
6 public school, charter school, or nonpublic school and its
7 employees and agents are to incur no liability, except for
8 willful and wanton conduct, as a result of any injury arising
9 from the administration of asthma medication, an epinephrine
10 injector, or an opioid antagonist regardless of whether
11 authorization was given by the pupil's parents or guardians or
12 by the pupil's physician, physician assistant, or advanced
13 practice registered nurse and that the parents or guardians
14 must indemnify and hold harmless the school district, public
15 school, charter school, or nonpublic school and its employees
16 and agents against any claims, except a claim based on willful
17 and wanton conduct, arising out of the administration of
18 asthma medication, an epinephrine injector, or an opioid
19 antagonist regardless of whether authorization was given by
20 the pupil's parents or guardians or by the pupil's physician,
21 physician assistant, or advanced practice registered nurse.

22 (c-5) When a school nurse or trained personnel administers
23 an undesignated epinephrine injector to a person whom the
24 school nurse or trained personnel in good faith believes is
25 having an anaphylactic reaction, administers an opioid
26 antagonist to a person whom the school nurse or trained

1 personnel in good faith believes is having an opioid overdose,
2 or administers undesignated asthma medication to a person whom
3 the school nurse or trained personnel in good faith believes
4 is having respiratory distress, notwithstanding the lack of
5 notice to the parents or guardians of the pupil or the absence
6 of the parents or guardians signed statement acknowledging no
7 liability, except for willful and wanton conduct, the school
8 district, public school, charter school, or nonpublic school
9 and its employees and agents, and a physician, a physician
10 assistant, or an advanced practice registered nurse providing
11 standing protocol and a prescription for undesignated
12 epinephrine injectors, an opioid antagonist, or undesignated
13 asthma medication, are to incur no liability or professional
14 discipline, except for willful and wanton conduct, as a result
15 of any injury arising from the use of an undesignated
16 epinephrine injector, the use of an opioid antagonist, or the
17 use of undesignated asthma medication, regardless of whether
18 authorization was given by the pupil's parents or guardians or
19 by the pupil's physician, physician assistant, or advanced
20 practice registered nurse.

21 (d) The permission for self-administration and self-carry
22 of asthma medication or the self-administration and self-carry
23 of an epinephrine injector is effective for the school year
24 for which it is granted and shall be renewed each subsequent
25 school year upon fulfillment of the requirements of this
26 Section.

1 (e) Provided that the requirements of this Section are
2 fulfilled, a pupil with asthma may self-administer and
3 self-carry his or her asthma medication or a pupil may
4 self-administer and self-carry an epinephrine injector (i)
5 while in school, (ii) while at a school-sponsored activity,
6 (iii) while under the supervision of school personnel, or (iv)
7 before or after normal school activities, such as while in
8 before-school or after-school care on school-operated property
9 or while being transported on a school bus.

10 (e-5) Provided that the requirements of this Section are
11 fulfilled, a school nurse or trained personnel may administer
12 an undesignated epinephrine injector to any person whom the
13 school nurse or trained personnel in good faith believes to be
14 having an anaphylactic reaction (i) while in school, (ii)
15 while at a school-sponsored activity, (iii) while under the
16 supervision of school personnel, or (iv) before or after
17 normal school activities, such as while in before-school or
18 after-school care on school-operated property or while being
19 transported on a school bus. A school nurse or trained
20 personnel may carry undesignated epinephrine injectors on his
21 or her person while in school or at a school-sponsored
22 activity.

23 (e-10) Provided that the requirements of this Section are
24 fulfilled, a school nurse or trained personnel may administer
25 an opioid antagonist to any person whom the school nurse or
26 trained personnel in good faith believes to be having an

1 opioid overdose (i) while in school, (ii) while at a
2 school-sponsored activity, (iii) while under the supervision
3 of school personnel, or (iv) before or after normal school
4 activities, such as while in before-school or after-school
5 care on school-operated property. A school nurse or trained
6 personnel may carry an opioid antagonist on his or her person
7 while in school or at a school-sponsored activity.

8 (e-15) If the requirements of this Section are met, a
9 school nurse or trained personnel may administer undesignated
10 asthma medication to any person whom the school nurse or
11 trained personnel in good faith believes to be experiencing
12 respiratory distress (i) while in school, (ii) while at a
13 school-sponsored activity, (iii) while under the supervision
14 of school personnel, or (iv) before or after normal school
15 activities, including before-school or after-school care on
16 school-operated property. A school nurse or trained personnel
17 may carry undesignated asthma medication on his or her person
18 while in school or at a school-sponsored activity.

19 (f) The school district, public school, charter school, or
20 nonpublic school may maintain a supply of undesignated
21 epinephrine injectors in any secure location that is
22 accessible before, during, and after school where an allergic
23 person is most at risk, including, but not limited to,
24 classrooms and lunchrooms. A physician, a physician assistant
25 who has prescriptive authority in accordance with Section 7.5
26 of the Physician Assistant Practice Act of 1987, or an

1 advanced practice registered nurse who has prescriptive
2 authority in accordance with Section 65-40 of the Nurse
3 Practice Act may prescribe undesignated epinephrine injectors
4 in the name of the school district, public school, charter
5 school, or nonpublic school to be maintained for use when
6 necessary. Any supply of epinephrine injectors shall be
7 maintained in accordance with the manufacturer's instructions.

8 The school district, public school, charter school, or
9 nonpublic school shall maintain a supply of an opioid
10 antagonist in any secure location where an individual may have
11 an opioid overdose, unless there is a shortage of opioid
12 antagonists, in which case the school district, public school,
13 charter school, or nonpublic school shall make a reasonable
14 effort to maintain a supply of an opioid antagonist. Unless
15 the school district, public school, charter school, or
16 nonpublic school is able to obtain opioid antagonists without
17 a prescription, a health care professional who has been
18 delegated prescriptive authority for opioid antagonists in
19 accordance with Section 5-23 of the Substance Use Disorder Act
20 shall prescribe opioid antagonists in the name of the school
21 district, public school, charter school, or nonpublic school,
22 to be maintained for use when necessary. Any supply of opioid
23 antagonists shall be maintained in accordance with the
24 manufacturer's instructions.

25 The school district, public school, charter school, or
26 nonpublic school may maintain a supply of asthma medication in

1 any secure location that is accessible before, during, or
2 after school where a person is most at risk, including, but not
3 limited to, a classroom, ~~or~~ the nurse's office, or a practice
4 field or gym. A physician, a physician assistant who has
5 prescriptive authority under Section 7.5 of the Physician
6 Assistant Practice Act of 1987, or an advanced practice
7 registered nurse who has prescriptive authority under Section
8 65-40 of the Nurse Practice Act may prescribe undesignated
9 asthma medication in the name of the school district, public
10 school, charter school, or nonpublic school to be maintained
11 for use when necessary. Any supply of undesignated asthma
12 medication must be maintained in accordance with the
13 manufacturer's instructions.

14 A school district that provides special educational
15 facilities for children with disabilities under Section
16 14-4.01 of this Code may maintain a supply of undesignated
17 oxygen tanks in any secure location that is accessible before,
18 during, and after school where a person with developmental
19 disabilities is most at risk, including, but not limited to,
20 classrooms and lunchrooms. A physician, a physician assistant
21 who has prescriptive authority in accordance with Section 7.5
22 of the Physician Assistant Practice Act of 1987, or an
23 advanced practice registered nurse who has prescriptive
24 authority in accordance with Section 65-40 of the Nurse
25 Practice Act may prescribe undesignated oxygen tanks in the
26 name of the school district that provides special educational

1 facilities for children with disabilities under Section
2 14-4.01 of this Code to be maintained for use when necessary.
3 Any supply of oxygen tanks shall be maintained in accordance
4 with the manufacturer's instructions and with the local fire
5 department's rules.

6 (f-3) Whichever entity initiates the process of obtaining
7 undesignated epinephrine injectors and providing training to
8 personnel for carrying and administering undesignated
9 epinephrine injectors shall pay for the costs of the
10 undesignated epinephrine injectors.

11 (f-5) Upon any administration of an epinephrine injector,
12 a school district, public school, charter school, or nonpublic
13 school must immediately activate the EMS system and notify the
14 student's parent, guardian, or emergency contact, if known.

15 Upon any administration of an opioid antagonist, a school
16 district, public school, charter school, or nonpublic school
17 must immediately activate the EMS system and notify the
18 student's parent, guardian, or emergency contact, if known.

19 (f-10) Within 24 hours of the administration of an
20 undesignated epinephrine injector, a school district, public
21 school, charter school, or nonpublic school must notify the
22 physician, physician assistant, or advanced practice
23 registered nurse who provided the standing protocol and a
24 prescription for the undesignated epinephrine injector of its
25 use.

26 Within 24 hours after the administration of an opioid

1 antagonist, a school district, public school, charter school,
2 or nonpublic school must notify the health care professional
3 who provided the prescription for the opioid antagonist of its
4 use.

5 Within 24 hours after the administration of undesignated
6 asthma medication, a school district, public school, charter
7 school, or nonpublic school must notify the student's parent
8 or guardian or emergency contact, if known, and the physician,
9 physician assistant, or advanced practice registered nurse who
10 provided the standing protocol and a prescription for the
11 undesignated asthma medication of its use. The district or
12 school must follow up with the school nurse, if available, and
13 may, with the consent of the child's parent or guardian,
14 notify the child's health care provider of record, as
15 determined under this Section, of its use.

16 (g) Prior to the administration of an undesignated
17 epinephrine injector, trained personnel must submit to the
18 school's administration proof of completion of a training
19 curriculum to recognize and respond to anaphylaxis that meets
20 the requirements of subsection (h) of this Section. Training
21 must be completed annually. The school district, public
22 school, charter school, or nonpublic school must maintain
23 records related to the training curriculum and trained
24 personnel.

25 Prior to the administration of an opioid antagonist,
26 trained personnel must submit to the school's administration

1 proof of completion of a training curriculum to recognize and
2 respond to an opioid overdose, which curriculum must meet the
3 requirements of subsection (h-5) of this Section. The school
4 district, public school, charter school, or nonpublic school
5 must maintain records relating to the training curriculum and
6 the trained personnel.

7 Prior to the administration of undesignated asthma
8 medication, trained personnel must submit to the school's
9 administration proof of completion of a training curriculum to
10 recognize and respond to respiratory distress, which must meet
11 the requirements of subsection (h-10) of this Section.
12 Training must be completed annually, and the school district,
13 public school, charter school, or nonpublic school must
14 maintain records relating to the training curriculum and the
15 trained personnel.

16 (h) A training curriculum to recognize and respond to
17 anaphylaxis, including the administration of an undesignated
18 epinephrine injector, may be conducted online or in person.

19 Training shall include, but is not limited to:

20 (1) how to recognize signs and symptoms of an allergic
21 reaction, including anaphylaxis;

22 (2) how to administer an epinephrine injector; and

23 (3) a test demonstrating competency of the knowledge
24 required to recognize anaphylaxis and administer an
25 epinephrine injector.

26 Training may also include, but is not limited to:

1 (A) a review of high-risk areas within a school and
2 its related facilities;

3 (B) steps to take to prevent exposure to allergens;

4 (C) emergency follow-up procedures, including the
5 importance of calling 9-1-1 or, if 9-1-1 is not available,
6 other local emergency medical services;

7 (D) how to respond to a student with a known allergy,
8 as well as a student with a previously unknown allergy;

9 (E) other criteria as determined in rules adopted
10 pursuant to this Section; and

11 (F) any policy developed by the State Board of
12 Education under Section 2-3.190.

13 In consultation with statewide professional organizations
14 representing physicians licensed to practice medicine in all
15 of its branches, registered nurses, and school nurses, the
16 State Board of Education shall make available resource
17 materials consistent with criteria in this subsection (h) for
18 educating trained personnel to recognize and respond to
19 anaphylaxis. The State Board may take into consideration the
20 curriculum on this subject developed by other states, as well
21 as any other curricular materials suggested by medical experts
22 and other groups that work on life-threatening allergy issues.
23 The State Board is not required to create new resource
24 materials. The State Board shall make these resource materials
25 available on its Internet website.

26 (h-5) A training curriculum to recognize and respond to an

1 opioid overdose, including the administration of an opioid
2 antagonist, may be conducted online or in person. The training
3 must comply with any training requirements under Section 5-23
4 of the Substance Use Disorder Act and the corresponding rules.
5 It must include, but is not limited to:

6 (1) how to recognize symptoms of an opioid overdose;

7 (2) information on drug overdose prevention and
8 recognition;

9 (3) how to perform rescue breathing and resuscitation;

10 (4) how to respond to an emergency involving an opioid
11 overdose;

12 (5) opioid antagonist dosage and administration;

13 (6) the importance of calling 9-1-1 or, if 9-1-1 is
14 not available, other local emergency medical services;

15 (7) care for the overdose victim after administration
16 of the overdose antagonist;

17 (8) a test demonstrating competency of the knowledge
18 required to recognize an opioid overdose and administer a
19 dose of an opioid antagonist; and

20 (9) other criteria as determined in rules adopted
21 pursuant to this Section.

22 (h-10) A training curriculum to recognize and respond to
23 respiratory distress, including the administration of
24 undesignated asthma medication, may be conducted online or in
25 person. The training must include, but is not limited to:

26 (1) how to recognize symptoms of respiratory distress

1 and how to distinguish respiratory distress from
2 anaphylaxis;

3 (2) how to respond to an emergency involving
4 respiratory distress;

5 (3) asthma medication dosage and administration;

6 (4) the importance of calling 9-1-1 or, if 9-1-1 is
7 not available, other local emergency medical services;

8 (5) a test demonstrating competency of the knowledge
9 required to recognize respiratory distress and administer
10 asthma medication; and

11 (6) other criteria as determined in rules adopted
12 under this Section.

13 (i) Within 3 days after the administration of an
14 undesignated epinephrine injector by a school nurse, trained
15 personnel, or a student at a school or school-sponsored
16 activity, the school must report to the State Board of
17 Education in a form and manner prescribed by the State Board
18 the following information:

19 (1) age and type of person receiving epinephrine
20 (student, staff, visitor);

21 (2) any previously known diagnosis of a severe
22 allergy;

23 (3) trigger that precipitated allergic episode;

24 (4) location where symptoms developed;

25 (5) number of doses administered;

26 (6) type of person administering epinephrine (school

1 nurse, trained personnel, student); and

2 (7) any other information required by the State Board.

3 If a school district, public school, charter school, or
4 nonpublic school maintains or has an independent contractor
5 providing transportation to students who maintains a supply of
6 undesignated epinephrine injectors, then the school district,
7 public school, charter school, or nonpublic school must report
8 that information to the State Board of Education upon adoption
9 or change of the policy of the school district, public school,
10 charter school, nonpublic school, or independent contractor,
11 in a manner as prescribed by the State Board. The report must
12 include the number of undesignated epinephrine injectors in
13 supply.

14 (i-5) Within 3 days after the administration of an opioid
15 antagonist by a school nurse or trained personnel, the school
16 must report to the State Board of Education, in a form and
17 manner prescribed by the State Board, the following
18 information:

19 (1) the age and type of person receiving the opioid
20 antagonist (student, staff, or visitor);

21 (2) the location where symptoms developed;

22 (3) the type of person administering the opioid
23 antagonist (school nurse or trained personnel); and

24 (4) any other information required by the State Board.

25 (i-10) Within 3 days after the administration of
26 undesignated asthma medication by a school nurse, trained

1 personnel, or a student at a school or school-sponsored
2 activity, the school must report to the State Board of
3 Education, on a form and in a manner prescribed by the State
4 Board of Education, the following information:

5 (1) the age and type of person receiving the asthma
6 medication (student, staff, or visitor);

7 (2) any previously known diagnosis of asthma for the
8 person;

9 (3) the trigger that precipitated respiratory
10 distress, if identifiable;

11 (4) the location of where the symptoms developed;

12 (5) the number of doses administered;

13 (6) the type of person administering the asthma
14 medication (school nurse, trained personnel, or student);

15 (7) the outcome of the asthma medication
16 administration; and

17 (8) any other information required by the State Board.

18 (j) By October 1, 2015 and every year thereafter, the
19 State Board of Education shall submit a report to the General
20 Assembly identifying the frequency and circumstances of
21 undesignated epinephrine and undesignated asthma medication
22 administration during the preceding academic year. Beginning
23 with the 2017 report, the report shall also contain
24 information on which school districts, public schools, charter
25 schools, and nonpublic schools maintain or have independent
26 contractors providing transportation to students who maintain

1 a supply of undesignated epinephrine injectors. This report
2 shall be published on the State Board's Internet website on
3 the date the report is delivered to the General Assembly.

4 (j-5) Annually, each school district, public school,
5 charter school, or nonpublic school shall request an asthma
6 action plan from the parents or guardians of a pupil with
7 asthma. If provided, the asthma action plan must be kept on
8 file in the office of the school nurse or, in the absence of a
9 school nurse, the school administrator. Copies of the asthma
10 action plan may be distributed to appropriate school staff who
11 interact with the pupil on a regular basis, and, if
12 applicable, may be attached to the pupil's federal Section 504
13 plan or individualized education program plan.

14 (j-10) To assist schools with emergency response
15 procedures for asthma, the State Board of Education, in
16 consultation with statewide professional organizations with
17 expertise in asthma management and a statewide organization
18 representing school administrators, shall develop a model
19 asthma episode emergency response protocol before September 1,
20 2016. Each school district, charter school, and nonpublic
21 school shall adopt an asthma episode emergency response
22 protocol before January 1, 2017 that includes all of the
23 components of the State Board's model protocol.

24 (j-15) (Blank).

25 (j-20) On or before October 1, 2016 and every year
26 thereafter, the State Board of Education shall submit a report

1 to the General Assembly and the Department of Public Health
2 identifying the frequency and circumstances of opioid
3 antagonist administration during the preceding academic year.
4 This report shall be published on the State Board's Internet
5 website on the date the report is delivered to the General
6 Assembly.

7 (k) The State Board of Education may adopt rules necessary
8 to implement this Section.

9 (l) Nothing in this Section shall limit the amount of
10 epinephrine injectors that any type of school or student may
11 carry or maintain a supply of.

12 (m) The changes made to this Section by this amendatory
13 Act of the 104th General Assembly are subject to appropriation
14 or available grant funding.

15 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
16 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
17 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
18 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)".