

SILVIS SCHOOL DISTRICT #34
ASTHMA/EPI-PEN SELF-ADMINISTRATION AUTHORIZATION FORM

When self-administering medication at school the following guidelines must be followed. Your written permission is required for your student to self-carry his or her inhaler. Your permission, along with the prescriber's permission, must be on file in the health office for your student to self-carry his or her epi-pen. The following must be on file in the nurse's office for any medication taken at school:

1. Prescription label from the pharmacy
2. Name of medication being administered
3. Dosage
4. Time to be administered
5. Route of administration

Name of Student: _____

Name of Medication: _____

Dosage: _____

Diagnosis: _____

Time at which or special circumstances under which the medication is to be self-administered: _____

_____ Date _____

Signature of physician, physician's assistant, or advanced practice R.N (required for epinephrine only)

Student's parent or Guardian must complete this section:

Pursuant to the authority granted under section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, _____ to self-administer the above referenced medication . I agree to indemnify and hold harmless the School District, it's Board of Education and the Board's members, officers, employees, and volunteers from any loss or liability, including reasonable attorney's fees suffered by any foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student, or by or on behalf of my student.

Parent/Guardian

Date

This form is effective for one school year