Permission Form for Asthma Inhaler or EpiPen Medication

4201 S Airport Rd.    Bartonville IL 61607     Phone: 309-697-6271 x 437 Fax:  309-697-8470

**StudentName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_Grad Year:\_\_\_\_\_\_\_\_\_\_\_**

**In accordance with 105ILCS 5/22-30 and Limestone High School District 310 Medication policy students may self-administer asthma inhaler or EpiPen medication at school.  This completed form must be on file in the health center and renewed each school year. The student should carry the prescribed inhaler/EpiPen in the original pharmacy labeled container.  The container should be clearly labeled with the following: student’s name, drug name, exact dose and time medication is to be taken. LCHS recommends, but does not require, student’s having an additional dose of the medication to be kept in the health center in the event your child forgets or loses the medication.**

I request that my student be allowed to carry the prescribed inhaler or EpiPen medication and self-administer as needed.  I hereby release LCHS; it’s employees, agents and administration from any and all liability as a result of injury arising from self-administration of medication by my student.

Parent/Guardian Signature Date

**I certify the student listed above has been instructed in the proper use and self-administration of the prescribed inhaler or EpiPen medication.  The student has received training on the need for use, and understands the signs and symptoms for which the medication should be used. If the EpiPen is used, the student must report the use immediately to a LCHS adult staff member.  It is my professional opinion this student SHOULD be allowed and expected to use the prescribed medication independently when needed.**

Diagnosis

Prescription Medication

Physician Signature Date