

Asthma Inhaler & Epinephrine Authorization Form

This form is to be used for an Asthma Inhaler and/or Epinephrine Auto-Injector only.

A new form must be completed every school year. Inhalers & epinephrine can be kept in the nurse's office, or in the absence of a school nurse, the Building Principal's office, but can also be carried by the student. Inhalers & epinephrine should be in kept in their original box with a pharmacy label attached.

Section to be completed by child's parent/guardian:

Student's Name: _____ Date of Birth: _____ Grade: _____ School: _____
 Parent/Guardian Name: _____ Phone: _____ Teacher: _____

Epinephrine section to be completed by child's physician, physician assistant, or advanced practice RN:

Epinephrine Autoinjector _____
 Prescription Date: _____ Order Date: _____ Discontinuation Date: end of current school year
 Dose: _____ Frequency: _____
 Time to administer: _____ Purpose: _____
 Diagnosis requiring medication: _____
 Expected side effects: _____ Time interval for re-eval: _____
 Other medications student is receiving: _____

Prescriber's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

Asthma Inhaler section to be completed by child's parent/guardian:

Inhaler _____
 Order Date: _____ Discontinuation Date: end of current school year
 Dose: _____ Frequency: _____
 Time to administer: _____ Purpose: _____
 Diagnosis requiring medication: _____ Asthma Action Plan attached? ___ Yes ___ No
 Expected side effects: _____ Time interval for re-eval: _____
 Other medications student is receiving: _____

Prescriber's Name: _____ (prescriber's signature not needed for inhalers)

Address: _____ Phone: _____

I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine-injector: (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. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine-injector. 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799 eff. 1-1-19.

Student will self-carry/administer epinephrine? ___ Yes ___ No Back-up epinephrine will be kept in the nurse's office? ___ Yes ___ No

Student will self-carry/administer inhaler? ___ Yes ___ No Back-up inhaler will be kept in nurse's office? ___ Yes ___ No

Parent/Guardian Printed Name _____ **Home/Cell Phone:** _____

Parent/Guardian Signature _____ **Date:** _____