## **QUINCY PUBLIC SCHOOLS**

## PARENTAL AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA INHALER/EPIPEN® MEDICATION

St	tudent Name	ID#	DOB	Grade/School Year
School:				
Date:				
Medicatio	on to be Self-Administered:			
The follo	wing guidelines shall apply to the se	elf-administration of a stude EpiPen: #1-6 ap ASTHMA INHALER:	pply	piPen® medication:
2) A 3) 5 4) 7 5) A 5) A 6) 7 6 PARENT  Iresponsib District to (1) while normal so I willful an medicatio employee medicatio severally,	FOR EpiPen: A completed Phy A Parent/Guardian has completed of Asthma Inhaler/EpiPen Medication is in the origina. The medication is in the origina The prescription label contains the time or circumstances under what Annual renewal of authorization. The School District and its emptonduct, as a result of any injury. TAL AUTHORIZATION:  I hereby acknowledge that I am the particle for administering medication to my allow my child to self-administer his in school; (2) while at a school-sponse chool activities. I further acknowledge and agree that the dwanton conduct by any of the said poin. I further acknowledge and agree the said agents, I waive any claims that on. In addition, I agree to indemnify a except claims based on willful and water action or injuries incurred or resulting	ed, signed, and dated this cation form.  I labeled container as distinct the student name, name of ich the medication is to be and immediate notifical loyees and agents are to y arising from the self-action and immediate notifical loyees and agents are to y arising from the self-action of the child. However, in the even so or her lawfully prescribed A ored activity; (3) while under the School District and its emporate, as a result of any injurant, in absence of willful and I might have against said part and hold harmless the School canton conduct on behalf of sa	s Parental Authorizate spensed or the manufold the medication, the administered. It ion, in writing, of claincur no liability, explaining the above referenced stute that I am unable to do state a state of the supervision of school of the supervision of school of the supervision of the prices arising out of my child wanton conduct on the prices arising out of my child bistrict and its employed id parties, from and against the supervision of school of the prices arising out of my child bistrict and its employed id parties, from and against the supervision of school of the prices arising out of my child parties, from and against the supervision of the prices arising out of my child parties, from and against the supervision of the supervision of the prices arising out of my child parties, from and against the supervision of the supervision o	facturer's labeled container. e prescribed dosage and the hanges. cept for willful and wanton ication by the student.  dent and that I am primarily so, I hereby authorize the School medication during the following: of personnel; and (4) before or after the series incur no liability, except for self-administration of asthma part of the School District and its ald's self-administration of said es and agents, either jointly or inst any and all claims, damages,
Signature	: Parent/Guardian		Home/Cell Phone	
Date:			Work Phone	

Recommended Guidelines for Medication Administration in Schools, IDHS & ISBE – September 2010 Self-Administration and Self-Carry of Medications for Asthma and Allergy (PA 98-0795), ISBE Guidance Document, April 2015