

HOMER COMMUNITY CONSOLIDATED SCHOOL DISTRICT 33C  
CONSENT FORM FOR STUDENT SELF-CARRY AND SELF-ADMINISTRATION OF AN  
**Epinephrine Auto-Injector**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, state this day, \_\_\_\_\_ 20\_\_\_\_, that I am a resident of  
Homer Community Consolidated School District 33C, and my child is enrolled in the School District. I further state  
that my child has been diagnosed as having a severe allergy and has been prescribed an Epinephrine Auto-Injector  
by a qualified health care professional.

I hereby authorize my child to self-carry and self-administer his/her epinephrine auto-injector during school  
hours, (including on the bus), at school related activities, under the supervision of school personnel and before or  
after normal school activities. I have provided the School District with a written statement from the physician  
who prescribed the epinephrine auto-injector for my child. **I understand that 911 will be called in the event that  
the epinephrine auto-injector has been administered.**

I acknowledge that the School District will not be held responsible for any injury to my child that results from  
his/her self-administration of the epinephrine auto-injector, unless the School District, its employees, or its agents  
are found to have engaged in willful and wanton conduct.

I agree to indemnify and hold harmless the School District, its employees and its agents against any claims, except  
a claim based on willful and wanton conduct, arising out of my child's self-administration or lack of self-  
administration of the epinephrine auto-injector, regardless of whether authorization was given the pupil's parents  
or guardians or by the pupil's physician, physician's assistant or advanced practice registered nurse. (105 ILCS 5/22-30)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Parent /Guardian of: \_\_\_\_\_

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I, \_\_\_\_\_, state, this day \_\_\_\_\_ 20\_\_\_\_, that I am a student enrolled in  
Homer Community School District 33C. I further state that I have a severe allergy and have been prescribed an  
epinephrine auto-injector by a qualified health professional.

I hereby agree to the following rules for self-carry and self-administration of an epinephrine auto injector.

1. I will demonstrate proper use of a prescribed epinephrine auto-injector to the school nurse or other  
school employee designated to administer medication, **before** self-administrating the medication at  
school.
2. I will **never** share my medication with another person.
3. If I ever need to use the epinephrine auto-injector, I will **immediately** tell an adult that I injected the  
epinephrine auto-injector.
4. **911 will be called immediately following the self-administration of the Epinephrine auto-injector.**

I understand that if I am found abusing my responsibility of carrying the epinephrine auto-injector, it will be taken  
to the health office, and my parent or legal guardian will be notified.

**STUDENT SIGNATURE:** \_\_\_\_\_

HOMER COMMUNITY CONSOLIDATED SCHOOL DISTRICT 33C  
CONSENT FORM FOR STUDENT SELF-CARRY AND SELF-ADMINISTRATION OF AN  
**Epinephrine Auto-Injector**

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Diagnosis / Allergy: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Physician's emergency phone number: \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

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I certify that my patient, \_\_\_\_\_ has been instructed  
Name of Student

in and has proven proficiency in the use and self-administration of:

\_\_\_\_\_  
Name of Medication

He/she understands the need for the medication, and the **imperative necessity** to report to school personnel, **immediately** after administering the epinephrine auto-injector. **A call will be made to 911 immediately following the self-administration of the epinephrine auto-injector.** He/she is capable of using this medication independently.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_