EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124
2929 W. 87th Street • Evergreen Park, Illinois 60805-2328 • 708/423-0950 • Fax 708/423/4292 • Web Site www.d124.org
Building a Foundation for Success

Student Epinephrine Self-Carry/Self-Administration Form

Student's Name: _____ Birth date: _____ Date:_____

The undersigned, being the parent/guardian of the above named student, hereby request that the student be allowed to self-carry and self-administer an epinephrine injector in school.

I understand that I am to bring the medication to the school in a pharmaceutical container labeled with the student's name, name of medication, dosage, and all pertinent instructions.

I hereby release Evergreen Park School District 124, its officers, directors, agents, employees, and assigns from any all liability arising from the administration of medication to the above named student.

According to the Illinois School Code 105 ILCS 5/22-30, Evergreen Park School District 124 will permit the self-carry and self-administration of an epinephrine injector if the following are provided by the parent/guardian:

- A completed and signed **Student Epinephrine Self-Carry/Self-Administration Form**
- A written authorization/statement from the student's physician containing the following information:
    - The name and purpose of the epinephrine injector
    - The prescribed dosage
    - The time or times at which or the special circumstances under which the epinephrine injector is to be administered

I acknowledge that the Evergreen Park School District 124 and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student's self-administration/self-carry of the medication. I agree to indemnify and hold harmless the Evergreen Park School District 124 and its employees and agents against any and all claims, except claims based on willful and wanton conduct, arising out of the self-administration/self-carry of medication by the student.

To be completed by parent/guardian:

My child is allowed to self-carry/self-administer an epinephrine injector per parent/guardian permission (Please Circle): **YES NO**

Parent/Guardian Signature: _____ Date:_____

Parent/Guardian Name (Printed): _____

Phone Number: _____ Emergency phone #:_____

To be completed by the physician:

Name of Medication: _____ Dosage: _____

Purpose of Medication: _____

Diagnosis: _____Specific Time/Instructions: _____

Physician's Name:_____

Physician's Signature:_____ Date:_____