

**Release of Liability for Self-Administration of Asthma
Medication or Epinephrine auto-injector devices**

NAME _____ DATE ____/____/____

MEDICATION _____

DOSE _____ FREQUENCY _____ ROUTE _____

PHYSICIAN NAME _____ PHYSICIAN PHONE _____

Public Acts 92-0402 and 094-0792 allows public school students with asthma and/or severe allergies to carry and self-administer medications prescribed by a physician licensed to practice medicine in all its branches. These medications may include asthma inhalers and/or epinephrine auto-injector devices. State law requires the school district inform the parents or guardians of the student, in writing, the school district and its employees and agents are to incur no liability, except for willing and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the student.

Prior to allowing your child to carry and self-administer medication, a copy of this form must be signed by the parent or guardian and returned to the child's school nurse.

The permission for self-administration of asthma and/or severe allergy medication is effective for the school year for which it is granted. It shall be renewed each school year as required for health purposes. This student may possess and use his/her asthma medication while in school, at school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities. The district recommends you provide an additional dose of medication to be kept at school in the event your child forgets or misplaces his/her inhaler.

As parent or guardian of _____,
I acknowledge that Dupo Community Unit District 196 and its employee's and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. I indemnify and hold harmless the school district and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student. I believe this child to be knowledgeable and capable to self-administer this medication without supervision.

PARENT SIGNATURE _____ DATE _____