



WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way
Belleville, Illinois 62221

Telephone 618 239-0000
Middle School Fax 618 239-9240
Elementary School Fax 618 233-7931

PERMIT FOR SELF-ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR

Student Name: _____ **DOB:** _____

The above named pupil has an allergy/anaphylactic reaction to: _____
I am requesting that the student have in their possession at all times and self-administer the following medication in the event of an emergency anaphylactic reaction:

Name of Medication	Dosage, route, frequency
Additional Information: _____	

I certify that _____ has been
(Name of student)

instructed in the use and self-administration of an epinephrine auto-injector (epi-pen). He/she understands the need for the medication and the necessity to immediately report any allergic symptoms to school personnel. He/she is capable of using this medication independently and responsibly. I may be reached at the following phone number in the event of an allergic/anaphylactic reaction.

Physician signature: _____ *Date:* _____

Physician Name (print) _____ **Phone #** _____

Parent/guardian Authorization for Student Self Administration of an Epinephrine Auto Injector

- I am requesting that my child, as listed above, be allowed to possess and self-administer their Epi-pen.
- I understand that the school district and its employees are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of the medication regardless of whether authorization was given by the pupil's parents/guardians or healthcare provider.
- I, as parent/guardian will indemnify and hold harmless the school district and its employees and agents against any claims except a claim based on willful and wanton conduct arising out of the use of an epinephrine auto-injector by the pupil
- I understand that this request is effective for the school year for which it is granted and must be renewed each subsequent school year.
- I understand that once this request is complete, the student may possess his/her medication while in school, while at school-sponsored activities, while under the supervision of school personnel, or before or after normal school activities such as in the extended school program.
- I am aware that my child will be responsible at all times for the epi pen in his/her possession and will notify their teacher/lunch aide or responsible supervising adult that this medication is in their possession and that they have an allergy to _____.

Parent Signature: _____ **Date:** _____