

**TOWNSHIP HIGH SCHOOL DISTRICT 214  
SELF-ADMINISTRATION OF ASTHMA INHALER OR EPIPEN  
REQUEST FORM**

In accordance with 105ILCS 5/22-30 and District 214 Medication Policy students may self-administer inhaler or EpiPen medication at school. The completed form should be on file in the health office and renewed every school year. Each student should carry his/her own inhaler/EpiPen in its original pharmacy labeled container. It should be clearly labeled with:

1. Student's name
2. Drug name and exact dosage
3. Time medication is to be taken

I request that my student be allowed to carry his/her inhaler or EpiPen medication and self-administer as needed.

I hereby release H.S. District 214; it's employees, agents and administration, from any and all liability as a result of injury arising from self-administration of medication by a student.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
I.D. Number

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Any Activity Restrictions – Explain

\_\_\_\_\_  
Prescription Medication

\_\_\_\_\_  
Dosage and Frequency

I certify that the student listed above has been instructed in the use and self-administration of his/her inhaler or EpiPen medication. He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Date