

# LINCOLNWOOD SCHOOL DISTRICT 74

## Authorization for Self Administration of Epinephrine Auto-Injector for Anaphylaxis

This form shall be effective for the 20 \_\_\_\_ - 20 \_\_\_\_ school year only, and must be renewed each subsequent school year.

### **To be completed by parent or guardian:**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, \_\_\_\_\_, to self administer the above referenced medication at school, school sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property. (We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication).

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the School District and foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wonton conduct of the foregoing indemnities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **This section must be completed by the student:**

I agree: (1) to safely store auto-injector; (2) to never share the auto-injector with another person; and (3) to notify a teacher or other responsible adult whenever I need to use the auto-injector.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

