



**PARENT/STUDENT AGREEMENT TO
CARRY ASTHMA MEDICATION AND/OR EPINEPHRINE AUTO-INJECTOR**

To be Completed by Parent:

I give permission for my child _____ to carry the asthma medication and/or epinephrine auto-injector described below. I understand that he/she must follow the rules listed below. I will notify the school of changes in medication for my child's condition. In the event the epinephrine auto-injector is administered on my child, I acknowledge and understand that school district personnel may call 9-1-1 to alert emergency services.

Name of Medication	Dose	Frequency of Use
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

To be Completed by Student for use of Asthma Inhaler:

I, _____ a student at the _____ School agree to the following:

1. I have demonstrated the correct use and care of my inhaler to the health care provider and school health personnel.
2. I agree to never share the inhaler with another person or leave it for others to find.
3. I agree that if there is not marked improvement after two puffs, I will notify a teacher or other responsible adult who will seek further medical intervention.

Student Signature _____ Date: _____

Ref: Illinois Department of Human Services, Asthma Management: A Resource Manual for Schools (p. 83), 105 ILCS 5/22-30

To be Completed by Student for use of Epinephrine Auto-Injector:

I, _____ a student at the _____ School agree to the following:

1. I have described the correct use and demonstrated the correct care of my epinephrine auto-injector to the health care provider and school health personnel.
2. I agree to never share the epinephrine auto-injector with another person or leave it for others to find.
3. I agree that in the event I administer my epinephrine auto-injector, I will notify a teacher or other responsible adult who may seek further medical intervention.

Student Signature _____ Date: _____

Ref: 105 ILCS 5/22-30