



Self-Administration of Asthma Inhaler or EpiPen (2024 – 2025)

Student Name

Birthdate

In accordance with 105ILCS 5/22-30 and Walsh Academy 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:

- STUDENT'S NAME
- DRUG NAME AND EXACT DOSAGE
- TIME MEDICATION IS TO BE TAKEN

Attending Physician Authorization

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.

Diagnoses	Prescription/Medication	Dosage/Frequency
Any Activity Restriction (Explain)		
Physician Name (Print)	Street Address 1	Phone 1
Practice / Clinic Name	Street Address 2	Phone 2
Physician Signature	Date	City, State, Zip Code
		Fax

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

I hereby release Walsh Academy; its employee's, agents and administration, from any and all liability as a result of injury arising from self-administration of medication by a student.

Parent / Guardian (Print Name)	Signature	Date
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This consent is mandatory for student enrollment. Failure to fully complete and sign this consent will prevent the above named student from being enrolled at the Walsh Academy. This consent is valid until one (1) year after above date of parent/guardian signature.