



**Parent/Student Agreement to Carry Epinephrine Auto-Injector  
School District 28**

I give permission for my child \_\_\_\_\_  
to carry and self-administer an epinephrine auto-injector.

Name of Medication/Dose

Reason for Medication

Expiration Date

\_\_\_\_\_

A physician's written statement must accompany this permission containing the name and purpose of the medication, the prescribed dosage, and circumstances under which the epinephrine auto-injector is to be administered.

The school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the use or self-administration of the epinephrine auto-injector by the student. The parents or guardians will indemnify and hold harmless the school district and its employees and agents against any claims, except willful and wanton conduct, arising out of the use of an epinephrine auto-injector by the student.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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I, \_\_\_\_\_ student at School District 28 agree to the following:

1. I have demonstrated the correct use of an epinephrine auto-injector to the health care provider, school nurse, or parent.
2. I will notify the teacher or health office immediately after self-administering an epinephrine auto-injector.

Student Signature \_\_\_\_\_