



Dear Parent/Guardian:

A student is now permitted by law (Public Act 96-1460) to carry and self administer an asthma inhaler or epinephrine auto-injector (Epi-pen) while in school, at school-sponsored activities, under the supervision of school personnel, or before/after normal school activities. A written authorization from the student's physician, physician assistant, dentist, optometrist, podiatrist, or advanced practice RN is not required. Parents/guardians must provide the school with written consent and the inhaler/Epi-pen prescription label. This label must include the name of medication, the prescribed dosage, and the time or/circumstances under which the medication is to be administered. The written consent and prescription label must be provided each school year. If you have any questions regarding these requirements, please call me at ( ) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_, SWCCCASE School Nurse

Please complete the consent form below, attach the prescription label, and return them to School Nurse's or Principal's office.

**AUTHORIZATION FOR STUDENT TO CARRY AND SELF-ADMINISTER  
ASTHMA INHALER OR EPINEPHRINE AUTO-INJECTOR**

[Attach prescription label here]

I, parent/guardian of \_\_\_\_\_, authorize Southwest Cook County Cooperative Association for Special Education (SWCCCASE) and its employees and agents, to allow my child to carry and self-administer his/her asthma inhaler and/or use of his or her epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before/after normal school activities. I hereby acknowledge that SWCCCASE, its officials, employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by my child regardless of whether authorization was given by me or by my child's physician, physician's assistant, dentist, optometrist, podiatrist, or advanced practice registered nurse. **I hereby agree to indemnify and hold harmless SWCCCASE, its officials, employees, and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child or ward regardless of whether authorization was given by me or by my child's physician, physician's assistant, dentist, optometrist, podiatrist, or advanced practice registered nurse.** (105 ILCS 5/22-30).

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Date