



## Self-Administration of Asthma Inhaler or EpiPen (2025 – 2026)

\_\_\_\_\_  
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