



**Asthma Inhalers**

I authorize Rantoul Township High School and its employees and agents, to allow my child or ward to carry and self-administer his/her asthma inhaler and/or use his/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 or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires Rantoul Township High School to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student’s self-administration of asthma medication or epinephrine auto-injector (105 ILCS5/22-30).

**Please initial below to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his/her asthma medication or epinephrine auto-injector.**

\*\* \_\_\_\_\_ \*\*

**Parent/Guardian initials**

**I CHOOSE TO SUBMIT A PRESCRIPTION LABEL:** \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you have chosen **NOT** to submit the prescription label, your child’s healthcare provider must complete the front page.)

**PLEASE NOTE:** For a rescue/reliever inhaler the Parent/Guardian may choose to provide the school with a current prescription label instead of a written doctor’s order. The label **MUST** contain the name of medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.

**Student Authorization:**

I agree to:

- Demonstrate correct use of the inhaler, syringe and/or Epinephrine auto-injector using a trainer/demonstrator to the registered nurse at school.
- Never share the inhaler, syringe or Epinephrine auto-injector with another person.
- Notify a teacher or other responsible adult if there is not marked improvement in my breathing or Hypoglycemia/Hyperglycemia symptoms within several minutes of using inhaler or administering insulin or snack.
- Immediately notify a teacher or another responsible adult if I use my Epinephrine auto-injector.

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

Date: \_\_\_\_\_

PERMISSION GRANTED FOR THIS REQUEST BY: \_\_\_\_\_

**ADMINISTRATOR**

