

**LAKE VILLA SCHOOL DISTRICT #41**

**SELF-CARRY AND ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR  
PARENT/GUARDIAN AUTHORIZATION AND RELEASE FORM**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I request that my student be allowed to carry his/her epinephrine auto-injector and self-administer as needed while at school or during school-sponsored activities. I have attached the following information to this form:

A written statement authorizing the use of an auto-injector epi-pen signed by the student's physician, a physician's assistant, or advanced practice registered nurse having such authority delegated by a supervising/collaborating physician. This statement must include the name and purpose of the epinephrine auto-injector, the prescribed dosage, and the time or times at which or the special circumstances under which the epinephrine auto-injector is to be administered.

**Authorization, Waiver, and Indemnification**

I hereby consent to and authorize Lake Villa School District #41 to:

Administer medication to my student while at school or during school-sponsored activities according to the above instructions. I hereby confirm that my student's primary responsibility to self-administer their medication. However, in the event that they are unable to do so, I hereby authorize Lake Villa School District #41 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my student lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY STUDENT TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration of said medication, and agree to release, hold harmless, and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medication or storage of any medication by school personnel.

Permit my student's possession and self-administration and use of his/her epinephrine auto-injector while at school or during school-sponsored activities according to the above instructions. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the

self-administration of said epinephrine auto-injector, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the self-administration of his/her epinephrine auto-injector. I also acknowledge that the School District, members of the Board of Education, its employees, and agents shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from my student's self-administration of his/her epinephrine auto-injector, regardless of whether the self-administration of said epinephrine auto-injector was authorized by the parent/guardian or healthcare provider.

This Parent/Guardian Authorization and Release Form and attached documentation shall be valid only for the school year in which they are submitted. A new form and supporting documentation must be submitted to the District each subsequent school year.

**Parent/Guardian printed name:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian telephone numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_