



NOTE: This side only to be completed for students carrying and administering asthma inhalers.

Benjamin School District 25
For Parent(s)/Guardian(s) of Students Who Have Asthma

Note: Parent(s)/Guardian(s) must also have a completed School Medication Authorization Form, including the portion to be completed by the student's physician.

I authorize Benjamin School District 25 and its employees and agents to allow my child or ward to possess and use his or her asthma medication (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 the school district to inform parent(s)/guardian(s) that the district 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 medication (105 ILCS 5/22-30).

If you agree please sign:

Parent(s)/Guardian(s) Signature

Date

Student's Name _____



NOTE: This side only to be completed for students carrying and administering an Epi-pen.

Benjamin School District 25
For Parent(s)/Guardian(s) of Students
Who Have Anaphylactic Allergic Reactions

Note: Parent(s)/Guardian(s) must also have a completed School Medication Authorization Form, including the portion to be completed by the student's physician.

I authorize Benjamin School District 25 and its employees and agents to allow my child or ward to possess and use his or her Epi-pen as needed for anaphylactic reactions (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. I affirm that my child or ward has been trained to administer the Epi-pen properly and is aware of the signs and symptoms that require its use. Illinois law requires the school district to inform parent(s)/guardian(s) that the district 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 medication (105 ILCS 5/22-30).

If you agree please sign:

Parent(s)/Guardian(s) Signature

Date

Student's Name _____