



EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124

2929 W. 87th Street • Evergreen Park, Illinois 60805-2328 • 708/423-0950 • Fax 708/423/4292 • Web Site www.d124.org

Building a Foundation for Success

Student Inhaler Self-Administration Form

To be completed by Parent/Guardian

Student's Name: _____ Birth date: _____ Date: _____

The undersigned, being the parent/guardian of the above named student, hereby request that the student be allowed to self-administer an asthma inhaler in school.

I understand that I am to bring the medication to the school office in a pharmaceutical container labeled with the student's name, name of medication, dosage, and all pertinent instructions.

I hereby release Evergreen Park School District 124, its officers, directors, agents, employees, and assigns from any all liability arising fro the administration of medication to the above named student.

Pursuant to Public Act 096-1460, Evergreen Park School District 124 will permit the self-administration of an asthma inhaler if the following are provided by the parent/guardian:

1. A completed and signed **Student Inhaler Self-Administration Form**
2. The inhaler in the original box with the **prescription label**, which contains the name of the medication, the prescribed dosage, and the time or circumstances under which it should be administered. A copy of the prescription label must accompany this form and will be stored in the student's health file.

I acknowledge that the School District 124 and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student's self-administration of the medication. I agree to indemnify and hold harmless the School District 124 and its employees and agents against any and ll claims, except claims based on willful and wanton conduct, arising out of the self-administration of medication by the student.

Please sign and return to the school health office.

My child is allowed to self-carry/self-administer an asthma inhaler per parent/guardian permission
(Please circle) **YES NO**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Phone number during school hours: _____ Emergency phone #: _____

Central Middle School
9400 S. Sawyer Ave.
708/424-0148
Fax: 708/229-8406

Northeast School
9058 S. California
708/422-6501
Fax: 708/229-8410

Northwest School
3630 W. 92nd St.
708/425-9473
Fax: 708/229-8407

Southeast School
9800 S. Francisco
708/422-1021
Fax: 708/229-8413

Southwest School
9900 S. Central Park
708/424-2444
Fax: 708/229-8416