

## Request for Self-Administration of Anaphylactic Medication

Health Services

Board policy permits students who have been diagnosed with severe allergic (anaphylactic) reaction and prescribed medication be permitted to carry and administer the medication independently. Documentation from the parent and physician certifying that the student has been instructed in the use and self-administration of the medication must be on file at the school.

**This form must be completed, signed by the parent and physician, and submitted to the school office on an annual basis, at the beginning of each school year, or as the need for the administration of medication becomes necessary.**

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Please Print

Name of Prescribed Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method of Administration: \_\_\_\_\_

Time or Indication for Administration: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

**\* Is this a controlled drug?** ☐ YES ☐ NO

I certify that the above named student has been instructed in the use and self-administration of the anaphylactic medication prescribed. I also certify that the student understands the need for the anaphylactic medication and the necessity to report any unusual side effects to school personnel that may occur when using the medication at school.

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

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I authorize Huntley School District 158 and its employees and agents, to allow my child to possess and use the prescribed anaphylactic medication: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) while attending before or after normal school activities, such as before-school or after-school care on school-operated property. I agree to indemnify and hold harmless Huntley School District 158 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication. I also give my permission to Huntley School District 158 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Please Print

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date