



CHRISTIAN HERITAGE  
ACADEMY

**INHALER / EPI-PEN SELF-ADMINISTRATION PERMISSION FORM**

School Year: \_\_\_\_\_ School: Christian Heritage Academy

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Parent Phone(s): \_\_\_\_\_

Dear Parents,

If you indicated on the school emergency form that your child has a severe allergy or asthma, please indicate your preference for treatment during school and/or extra-curricular activities (i.e. interscholastic sport activity, theatre, choir, band, after-care, etc.).

**INHALER USE** (choose one of the following):

My child required the use of an INHALER for asthma during school and extra-curricular activities. Physician forms must be on file with the School Nurse.

- Medication will be kept in Health Services Office.
- He/she will **carry** his/her own medication.
- He/she will **carry and administer** his/her own medication.
- My child **requires** the use of an INHALER for asthma during the extra-curricular activity. My student will NOT carry his own medication during school. I give my permission for my child to **pick up the inhaler stored in the Health Services Office** at dismissal or prior to the extra-curricular activity.

**EPI-PEN and BENADRYL USE** (choose one of the following):

My child **requires** the use of an EPI-Pen and Benadryl for treatment of severe allergy during school and extra-curricular activity. Physician forms must be on file with the School Nurse.

- Medication will be kept in the Health Services Office.
- He/she will **carry** his/her own medication.
- He/she will **carry and administer** his/her own medication.
- My child **requires** the use of an EPI-Pen and BENEDRYL for treatment of severe allergy during the extra-curricular activity. I give permission for my child to **pick up the Epi-Pen and/or Benadryl stored in the Health Services Office** to my child prior to the activity.

**Please Note:** Students who self-carry or transport medication must hand it to the coach/staff member prior to the start of the activity. The coach/staff member will place it in the emergency bag for ease of access should an emergency occur. At the end of the activity, the student must retrieve the medication from the coach.

**Parent Permission (All Grades)**

Christian Heritage Academy and school personnel incur no liability for injuries occurring during administration of asthma medication or epi-pen inhaler. I hereby give permission to Christian Heritage Academy personnel to allow my child to use an asthma inhaler. My child knows how to use the inhaler, when to use the inhaler, and when to seek adult assistance. I understand that by making this request, school personnel will not be supervising or be responsible for the administration of this medication. However, if the student is unable to self-administer and is experiencing a reaction, staff will administer the medication.

**Physician Permission (All Grades)**

I hereby give permission to Christian Heritage Academy personnel to allow my patient to carry and use an asthma inhaler. My staff and I have taught this child how to use the inhaler, when to use the inhaler and when to seek adult assistance. I understand that by making this request, school personnel will not be supervising the administration of this medication. However, if the student is unable to self-administer and is experiencing a reaction, staff will administer the medication.

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ **PHYSICIAN SIGNATURE:** \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent/Guardian gives permission to fax this form to Christian Heritage Academy at 847-446-5267.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (Grades 6-12): \_\_\_\_\_ Date: \_\_\_\_\_