



Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

UNDESIGNATED EPINEPHRINE POLICY WORKSHEET

NUTRITION AND WELLNESS PROGRAMS DIVISION

A school district, public school or nonpublic school may, but is not required to, maintain a supply of undesignated epinephrine auto-injectors. As per Public Act 099-0711, the following information is required to be reported by any school district, public school, or nonpublic school that maintains a supply of undesignated epinephrine auto-injectors. The information is also required if the district or school has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine auto-injectors. If the school district, public school or nonpublic school maintains a supply of undesignated epinephrine auto-injectors or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine auto-injectors, please fill out the required information below. Ideally, the superintendent or head administrator reviews and approves the completion of this survey.

* Required

1. Please provide your District RCDT (public schools only) otherwise School RCDTS (nonpublic schools).*

2. Please provide your district name or full name of the nonpublic school.*

3. Did your district or nonpublic school have an undesignated epinephrine policy during any portion of school year 2016-2017?

Yes No

If and when your district adopts or revises the undesignated epinephrine policy in the future, please send notice to ISBE via e-mail epinephrine@isbe.net.*

4. If yes, approximately how many epinephrine auto-injectors (in any dosage) did you normally maintain?

5. Did your district have an independent contractor providing student transportation who maintained a supply of undesignated epinephrine auto-injectors during any portion of school year 2016-2017? *

Yes No

6. If yes, approximately how many epinephrine auto-injectors (in any dosage) did that contractor normally maintain?

7. Name of District Superintendent or School Head Administrator (nonpublic school).*

8. Reviewed and Approved by date.*

Date approved: _____ Authorized Approval Signature: _____

9. Name of person responsible for completing this survey.*

10. E-Mail Address for follow-up.*

This form serves as a worksheet to be used prior to submitting to ISBE via electronic survey submission and as a record of what was provided to ISBE. Contact ISBE Data Analysis Division at 217-782-3950 for further information on submitting this information to ISBE.