CONTRACT FOR STUDENTS CARRYING EPI-PENs WITH THEM WHILE AT SCHOOL

STUDENT

□ I plan to keep my Epi-pen with me at school rather than in the school health office.

□ I agree to use my Epi-pen in a responsible manner, in accordance with my physician's orders.

□ I will notify the school health office immediately if my Epi-pen has been used.

□ I will not allow any other person to use my Epi-pen.

Student's Signature _____Date _____

PARENT/GUARDIAN

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

□ I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.

□ It has been recommended to me that a back-up Epi-pen be provided to the Health Office for emergencies.

□ I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.

Parent's Signature _____Date _____

SCHOOL NURSE

□ The above student has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen .

□ School staff that have the need to know about the student's condition and the need to carry medication have been notified.

Registered Nurse's Signature _____Date _____

Reviewed: 3/12; 5/2016