

SOUTH EASTERN SCHOOL DISTRICT
Student Contract for Carrying an Epinephrine Auto-Injector on Person

Name _____ Grade _____

Medication _____ Date _____

This Student Contract for Carrying an Epinephrine Auto-Injector on Person is for purposes of:

_____ accessibility in an emergency

AND/OR

_____ self-administration

I agree to:

*Follow the medication orders given to me by my health care provider.

*Follow the instructions of my healthcare practitioner on proper safety precautions for handling/disposing of medications and equipment.

*Use my medication and medicine devices correctly when giving myself medicine.

*Not allow anyone else to use my medication.

*Notify the school nurse or supervising adult immediately upon experiencing symptoms of a severe allergic reaction:

Use of an Epinephrine Auto-Injector must involve a simultaneous 911 call.

*Keep my medication with me in school, during after school activities, when being transported to and from school, and when going on field trips.

I understand that permission for self-administration of medication may be taken away and the medication confiscated if I am unable to follow the safeguards listed above.

Signature of Student _____ Date _____

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 I request that the school comply with the instructions of my child's healthcare practitioner and give permission for my child _____ to carry the prescribed epinephrine auto-injector. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition. I do release, discharge and agree to indemnify and hold harmless the South Eastern School District, its agents, and employees from any and all responsibility, liability, loss, and claim of whatsoever nature resulting from use or non-use of an epinephrine auto-injector and from any and all illness or injuries resulting therefrom.

Signature of Parent _____ Date _____

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 On assessing this student, I find he/she is able to:

___ Verbalize the correct dose of medicine.

___ Identify signs and symptoms of a severe allergic episode.

___ Demonstrate proper technique for use of medication.

___ State the safe use of the epinephrine auto-injector (e.g., epinephrine auto-injector not shared, used only as indicated, etc.).

The student has demonstrated knowledge about, and proper use of his/her Epinephrine Auto-Injector.

Signature of School Nurse _____ Date _____