Epinehrine Self Carry Contract 2016-17 School Year

School: _____ **Student:** _____
Grade: _____ **DOB:** _____

Student Agreement

☑ 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 (print):_____

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 health care plan.

☑ I will provide the school with a signed Allergy/Anaphylaxis Health Plan for this medication.

Parent's Signature _____Date _____

Nurse Consultant **Christine Frost, RN**

☑ ~~The above student has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.~~ See provider's signature on health plan for self-carry orders.

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

☑ I will review the medication authorization provided by the parent and signed by the health care provider.

Nurse Consultant's Signature _____Date _____

Clinic Aide Signature: _____ Date: _____