



## CONTRACT FOR STUDENTS CARRYING/SELF ADMINISTER EPI-PENS WHILE AT SCHOOL

STUDENT NAME: \_\_\_\_\_

### STUDENT

- I will keep my EpiPen with me at school at all times.
- I agree to use my Epi-pen in a responsible manner, only as directed by my doctor/nurse practitioner.
- I will notify the school health office immediately if my Epi-pen has been used.
- If I lose my Epi-pen I will notify Mrs. Aikey, school nurse, at school and she will notify my parents.
- I will not allow any other person to use my Epi-pen.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent

***This contract is in effect for the 2022-2023 school year unless revoked by the physician/school nurse if 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.
- I understand that I have the option to withdraw my permission for my student to carry their Epi-pen and self-administration.

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

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

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

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission Revoked: \_\_\_\_\_ Date: \_\_\_\_\_

Reason Revoked: \_\_\_\_\_