

CONTRACT FOR STUDENTS SELF-CARRY OF EPI-PEN®

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 has the need to know about the student's condition and the need to carry medication has been notified.

Registered Nurse's Signature _____ Date _____