

Student Contract to Carry and Self-Administer Inhaler/Epinephrine at School and School Events

_____ I understand that it is extremely important that I bring my inhaler and/or epinephrine (EpiPen) to school EVERY day.

_____ I am responsible for my medication at all times. That means other students will not be able to handle, possess or use my medication at any time.

_____ If I have an EpiPen for anaphylaxis, I understand that it is extremely important that my EpiPen be available at all times. I will not leave it in a classroom or locker during lunch and other activities.

_____ If my symptoms are not better after taking my medication, **I will go to the nurse immediately for further treatment. If I must use the EpiPen, I will have someone contact the nurse immediately.**

_____ I will notify the nurse if I have any medication changes.

_____ I understand that if I violate any terms of this contract, especially any violations that may affect other students or school personnel, my parent will be contacted. Depending on the violation, disciplinary action may be taken.

Student Name (Printed)

Student Signature

Date

I understand that my child is responsible for the proper handling and carrying of the asthma inhaler and/or epinephrine and that inappropriate handling may result in disciplinary action. I also understand that the medication must have the appropriate pharmacy label that indicates the medication is prescribed for my child and has the doctor's instructions for use.

Parent Signature

Date