

**SELF-CARRY AND SELF-ADMINISTER EPINEPHRINE AUTO-INJECTOR AGREEMENT  
2019-2020 SCHOOL YEAR**

***To be completed by the Parent and Student:***

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Where will student carry Epinephrine auto-injector (**required**): \_\_\_\_\_

An additional Epinephrine auto-injector will be provided to the school and stored with prescribed medication at specified school location: (**required**): \_\_\_\_\_

**STUDENT**

- I will notify school personnel if I am having more difficulty than usual with my allergies.
- I agree to carry my Epinephrine auto injector with me as listed above. If an emergency arises and I am unable to get to the nurse/school personnel, I will use the Epinephrine auto-injector as prescribed by the physician and then **immediately** inform a nurse/school personnel.
- I agree to use my Epinephrine auto injector in a responsible manner, in accordance with the physician's orders. I understand my life-threatening allergy, exposure, symptoms, and treatment plan reviewed by my physician and parent(s)/guardian(s) and understand to use my Epinephrine auto-injector only when an emergency arises, as prescribed by my physician, and I am unable to get to the nurse/school personnel in time.
- I agree to never share my Epinephrine auto injector with another person as this is dangerous. If I do this may result in disciplinary action.

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

**PARENT/GUARDIAN**

- I agree to see that my child carries his/her Epinephrine auto injector as prescribed, and that it is properly labeled and is not expired.
- I understand that I will provide the school with an additional Epinephrine auto-injector to store at school along with any prescribed medication(s) from the physician treatment plan.
- I have reviewed with my child their life-threatening allergy, exposure, symptoms and treatment plan including the usage of the self-carry Epinephrine auto injector if an emergency arises.
- I agree to regularly review with my child the proper use of his/her Epinephrine auto-injector when at school.
- I agree to regularly review the status of my child's allergies with the physician and to notify the physician when my child is having more difficulty than usual.
- I understand if my child shares medication with other students it may result in disciplinary actions.
- My child has demonstrated to his/her physician and the school, nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication in case an emergency arises and they are unable to get to a school personnel/nurse.
- The self-administration is done in compliance with the prescription or written authorization for my child to self-administer the medicine while on school property or at a school-related event or activity.
- I understand that such self-administration must be done in compliance with the prescription or written instructions of my child's physician. Additionally, I have provided a written and signed statement from my child's physician that states:
  1. The student has a life-threatening allergy and is capable of self-administering the prescription medicine;
  2. The name and purpose of the medicine; the prescribed dosage of the medicine; the times or circumstances which the medicine may be administered; and the duration for which the medicine is prescribed.
- This is in effect for the current school year only unless revoked by the physician or the student, parent(s)/guardian(s) fails to meet all the above safety contingencies.

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