

**Allergy Self Carry Contract**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

STUDENT : \_\_\_\_\_ DOB: \_\_\_\_\_

- 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 health care plan.
- I will provide the school a signed medication authorization for this medication.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Consultant \_\_\_\_\_ School \_\_\_\_\_

- 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 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 parent and health care provider.

Nurse Consultant's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy Sent to District Nurse Consultant

**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**

Este contrato estará en efecto el presente año escolar a menos que el doctor del estudiante lo revoque o que el estudiante falle en cumplir las contingencias propuestas en el párrafo anterior.

- Estoy de acuerdo en ver que mi niño/a lleve la medicación prescrita, que el dispositivo contenga medicina, y que este al día.
- Se me ha recomendado que un Epi-pen de emergencia sea provisto al Oficial de Salud para casos de emergencia.
- Revisaré el estado de las alergias del estudiante regularmente como fue aceptado en el plan de salud.
- Proveeré a la escuela la autorización firmada por el proveedor de salud autorizando el uso de la medicación.

Firma del padre \_\_\_\_\_ Fecha \_\_\_\_\_

**Health Office Staff**

- 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 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 parent and health care provider.

Nurse Consultant's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy Sent to District Nurse Consultant