

North County Christian School
845 Dunn Road
Florissant, MO 63031
314-972-6227

PERMISSION TO CARRY EPI-PEN

CONTRACT BETWEEN STUDENT, PARENT, SCHOOL OFFICIAL AND DOCTOR

Qualified students will be allowed to carry their epi-pen on their person while in school. The advantage is that it is immediately accessible. **A spare epi-pen provided by the parent will be kept for them in the Secondary office should they forget theirs or run out.**

For permission to carry epi-pen:

1. Student has demonstrated to the nurse correct use of epi-pen.
2. Student agrees to never share the epi-pen with another person.
3. The school nurse will be contacted if epi-pen is used.

Student signature _____

I give permission for my student to carry the epi-pen described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my student's condition.

NAME OF MEDICATION DOSE FREQUENCY OF USE

Parent's signature Date _____

School personnel signature Date _____

Doctor's signature Date _____