

Wirt County Schools Health Services
P.O. Box 699
Elizabeth, WV 26143

Phone: 304-275-0361
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Contract/Procedure for Self-Administration of EpiPen

Medication must be administered following Wirt County Board of Education Medication Policy.
EpiPen must be labeled with student name and dosage instructions.

PART I: TO BE COMPLETED BY LICENSED PRESCRIBER

CONFIDENTIAL

Student Name _____

Birth Date _____ Last _____ First _____ Middle _____

Medication Name _____

Diagnosis _____

Dosage _____ Time _____

Allergic reaction triggers, environmental/activity restrictions _____

Comments (i.e. side effects, adverse reactions) _____

Name and Title of Licensed Prescriber (PRINT) _____

Phone _____ FAX _____

Signature of Licensed Prescriber _____ Date _____

PART II: TO BE COMPLETED BY PARENT/GUARDIAN

Parental Agreement: My child will be responsible for carrying EpiPen and will self-administer at school. My child agrees to follow the Wirt County Board of Education Medication Policy concerning the handling and self-administration of this medication. The Wirt County Board of Education and its employees are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of the EpiPen. It is the responsibility of the PARENT/GUARDIAN to ensure the student brings a current EpiPen to school each day.

____ Yes ____ No My child has previously self administered EpiPen.

BUS STUDENTS ONLY

____ I choose to transport my child to school.

____ I choose **NOT** to transport my child to school and understand anaphylaxis may occur before 911 help arrives.

My child rides bus # _____ AM _____ PM

Parent/Guardian Name (PRINT) _____

Parent/Guardian Phone (Home) _____ (Work) _____ (Cell) _____

Parent/Guardian Signature _____ Date _____

PART III: TO BE COMPLETED BY SCHOOL NURSE

Student must:

- ☐ Demonstrate correct use of EpiPen, using an EpiPen trainer.
- ☐ Acknowledge proper timing for EpiPen use.
- ☐ Agree not to share or allow others to use their EpiPen.
- ☐ Keep EpiPen with belongings where it is not accessible to other students.
- ☐ Agree to inform teacher/staff member if EpiPen is used and come directly to the office accompanied by another responsible person if possible. 911 MUST BE CONTACTED FOR TRANSPORT TO ED FOR EVALUATION.

____ The student does demonstrate the above specified responsibilities and the privilege of carrying and self-administering the EpiPen will be allowed.

____ The student does NOT demonstrate the above specified responsibilities and the privilege of carrying and self-administering the EpiPen will NOT be allowed. Document reason for denial on back.

Signature of Student _____ Date _____

Signature of School Nurse _____ Date _____