

Prescriber's Address

DATE: _____

Cell Phone

FLOSSMOOR SCHOOL DISTRICT 161

**STUDENT AGREEMENT TO CARRY
EMERGENCY EPINEPHRINE AUTO-INJECTOR MEDICATION (EPI-PEN)**

To carry medication, the student must demonstrate the ability to:

**State the importance of maintaining safe storage
of the medication in school, including carrying
medications.**

**State the importance of not allowing other students
to use the medication.**

**State the name, dosage, and frequency of the
medication.**

**State the purpose/reason/symptom for using the
medication.**

**If your child has an epi-pen prescribed, it is recommended that an extra epi-pen be kept in
the school health office in the event that the carried epi-pen is lost.**

**Student
Signature: _____**

Date: _____

**Parent/Guardian
Signature: _____**

Date: _____