

**SOUTH VERMILLION PERMISSION TO CARRY INJECTABLE EPINEPHRINE CONTRACT
(SVMS and SVHS students only)**

Please complete this form and return to your school nurse/health assistant, if you would like your child to carry their rescue injectable epinephrine while at school. An Authorization to Dispense Medication Form will need to be signed by a parent/guardian and physician in conjunction with this contract.

Student:

1. I agree to carry and keep possession of my rescue injectable epinephrine, _____(medication name). This medication is for my personal use, and I will only use it only as directed by my doctor.
2. I have been instructed on how to use my rescue injectable epinephrine.
3. I will not share my rescue injectable epinephrine with any other person.
4. I will alert my school's health service representative or one of my teachers/principals prior to or immediately after I have given myself my rescue injectable epinephrine.
5. I understand failure to notify anyone could be detrimental to my health, and after I give myself my rescue injectable epinephrine, emergency medical treatment must be sought.

Student Signature

Date

Parent/Guardian:

1. I confirm that _____(student's name) has been instructed on how and when to properly use their rescue injectable epinephrine.
2. The student listed above has my permission to carry their rescue injectable epinephrine on their person or to keep their rescue injectable epinephrine in their classroom, book bag, or locker.
3. I agree the student listed above is competent to carry their rescue injectable epinephrine and is competent to self-medicate at school, if needed.
4. I will obtain emergency action orders for my child's allergic reaction and their rescue medication from their physician and get the orders to the school's health service department.
5. I understand that if my child receives their rescue injectable epinephrine while at school, emergency medical services will be called and emergent medical treatment will be sought.

Parent/Guardian Signature

Date

Physician:

1. I agree that _____ (patient's name) has been instructed on when and how to appropriately use their rescue injectable epinephrine. They can competently carry and self-administer their rescue injectable epinephrine.

Physician Signature

Date