

Epi-pen Self-Carry Contract

Student: _____ DOB: _____ Grade: _____

I agree to keep my Epi-pen to be used responsibly for my own personal use as directed by my health care provider. I have been instructed in the use of this medicine and will follow my health care provider's directions. I will not share my medicine with any other person. **I will notify an adult that I need or have administered my Epi-pen.** 911 will be called simultaneously to administering an Epi-pen. I understand that if I do not follow this agreement, I will lose the privilege of being able to carry my medicine with me. I will transport daily to and from school and will have the above medication on my person for all field trips, sports, and any school activities. I have been instructed on universal precautions and will properly dispose of the used syringe.

Therefore, I realize that **I AM RESPONSIBLE** for carrying out this plan.

Student's Signature _____ Date _____

I agree that _____ (Student's name) has been instructed on when and how to appropriately use his/her Epi-pen and he/she is able to do so at school. I believe my child is responsible for self-emergent care or notifying an adult the need to take the emergency medication. I understand that a label must be placed on the medication that includes the student's name and a copy of the current prescription. It will be the responsibility of my child to carry his/her Epi-pen to school and keep on his/her person at all times. 911 will be called for any Epi-pen administrations.

Parent Signature

Date

This section to be filled out by the Healthcare Provider

I have diagnosed _____ with _____
Student name Name of chronic disease

for which emergency medication _____ may be needed while
Name of Medication

at school or during school sponsored activities.

I have instructed this patient how to safely and appropriately use this medication and I believe that they are capable of using the medication as instructed. I believe that this patient should carry this medication and will use it in a responsible manner, in accordance with my orders and instructions.

Provider Name: _____

Provider Signature _____ Date _____

This contract is in effect for the _____ school year unless revoked by the physician or the student fails to meet the above safety contingencies.