



**SUMMIT SCHOOL DISTRICT
EPI-PEN SELF CARRY CONTRACT**

Student Name _____ Date of Birth _____

School _____ Grade _____ School Year _____

Allergies/reactions _____

*This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the safety precautions.

*I agree to see that my child carries his/her medication as prescribed, that the device contains medication and the date is current.

*My child's medication will be in the same location of his/her backpack each day (front pocket).

*I will discuss the following safety rules with my child:

- I will not remove my medication from my backpack.
- I will not show any other student my medication.
- I will immediately report to a teacher or the clinic if my backpack is missing, has been dropped or anything large has fallen onto it that may cause breakage of my epi-pen.

Parent Signature _____ Date _____

Student Signature _____ Date _____