



TRINITY AREA SCHOOL DISTRICT

231 Park Avenue
Washington, PA 15301
Phone: 724-223-2000

Self-Administration of EpiPen - Student/Parent Agreement

I agree to:

- Follow my physician/licensed prescriber's medication orders.
- Be knowledgeable of prescribed medicine's proper use and side effects.
- Demonstrate proper use of an EpiPen trainer.
- Not allow anyone else to use my medication.
- Keep my EpiPen with me at all times, in a safe place that is not accessible to other students. If another location is more appropriate or desired, please explain (for example backpack, athletic bag...):

- Notify the school nurse or school personnel immediately upon use of my EpiPen, so that 911 will be called at once.
- I understand that permission for possession and self-administration of my medication may be suspended if I am unable to maintain the criteria listed above.

Signature of Student

Date

I, the parent/guardian, have read the above student agreement.

Signature of Parent/Guardian

Date

The student has demonstrated knowledge about and proper use of his/her EpiPen.

Signature of School Nurse

Date