



Prepare | Explore | Empower

CONTRACT FOR STUDENTS CARRYING EMERGENCY MEDICATION WITH THEM WHILE AT SCHOOL

Student's Name: _____

Medication(s): _____

STUDENT

- I plan to keep my rescue inhaler/epinephrine auto-injector with me at school rather than in the school health office.
- I agree to use my rescue inhaler/epinephrine auto-injector in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will notify the school health office or other appropriate staff if I use my epinephrine auto-injector or are experiencing symptoms of a severe allergic reaction so that 911 can be called immediately.
- I will not allow any other person to use my inhaler/epinephrine auto-injector.

Student's Signature: _____ Date: _____

PARENT/GUARDIAN

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

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the date is current.
- It has been recommended to me that back-up emergency medication should be provided to the health office for emergencies.
- I will review the status of my student's asthma/allergies with him/her on a regular basis as agreed in the treatment plan.

Parent's Signature: _____ Date: _____

SCHOOL NURSE

- The above student has demonstrated correct technique for emergency medication use and an understanding of the physician order for time and dosage.
- School staff that has the need to know about the student's condition and the need to carry medication has been notified.

Nurse's Signature: _____ Date: _____

The Journey Starts Here...