

CONTRACT FOR SELF-CARRYING OF EMERGENCY MEDICATION

STUDENT NAME: _____ DOB: _____ SCHOOL YEAR: _____

In accordance with Southlake Christian Academy Health policies, self-carried medication is permitted for **EMERGENCY MEDICATIONS** only. An “Authorization for Epinephrine Auto-Injector” or “Authorization for Inhaler” form must already be completed and submitted to the school.

STUDENT RESPONSIBILITIES

1. I will keep my medication/equipment with me at all times in _____(location).
2. I agree to use my equipment and take my medication in a responsible manner, in accordance with my Healthcare Provider’s instructions/orders.
3. I will notify my teacher, school nurse or office personnel if I am having more difficulty than usual with my health condition so that my parents can be notified and emergency assistance can be obtained if necessary.
4. I will not allow any other person to take my medication or use my equipment.
5. I understand that the school undertakes no responsibility for the medication/equipment that I keep with me. Southlake Christian Academy, it’s agents and employees, shall not be liable for any accident or injury that may result from or related to self-administration of this medication/equipment.
6. The condition and use of the medication/equipment is my responsibility.
7. It is the responsibility of my parent/guardian to notify the school of any changes in my health status or in the use of the medication or equipment listed above.
8. I understand that the school reserves the right to withdraw this privilege if I do not adhere to the responsibilities listed above or handle my medication/equipment in an irresponsible or dangerous way. My medication or equipment will be taken from my possession and my parents will be informed immediately.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

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OFFICE USE ONLY

___ An “Epipen Authorization” or “Inhaler Authorization” are signed and on file.

___ The emergency medication has been inspected by me, is appropriately labeled and in its manufacturers packaging, and expiration date is not expired.

___ The student has verbally explained to me symptoms which warrant use of this medication and has demonstrated proper administration of the medication including dose, route, and time.

SCHOOL NURSE/SCHOOL ADMINISTRATOR: _____ DATE: _____