

De acuerdo con el Acta "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management" este estudiante tiene permiso para cargar y administrarse solo el medicamento Anafiláctico para el año escolar.

CONTRATO ESTUDIANTIL

Cargar y administrarse solo Medicamentos Anafilácticos en la Escuela

Student:

Name of student:	Date of birth:	School/Grade:
<p>Student to initial each item and sign below:</p> <p>_____ I plan to keep my Epinephrine auto-injector with me at school and to use it as I was instructed by my doctor.</p> <p>_____ I agree to use my Epinephrine auto-injector in a safe and responsible way while traveling to school or school sponsored activities, at school, and at any school sponsored activities.</p> <p>_____ I will tell a school staff member or go to the school Health Office if I have an exposure to: _____ or if I develop symptoms of an allergic reaction.</p> <p>_____ I will not allow any other student to use my medication.</p> <p>_____ I understand that if I don't use my medicine in a safe and responsible manner, the school will contact my parent/guardian and I may lose the privilege of carrying my medicine.</p>		
Student signature:	Date:	

Padre/Guardián:

Nombre del Padre/Guardián:	Teléfono:
<p>El Padre/Guardián debe leer cada oración y inicializar cada una y firmar abajo:</p> <p>_____ Estoy de acuerdo de asegurar que mi criatura carga su medicamento.</p> <p>_____ Voy asegurar que el aparato contiene el medicamento, que el medicamento no esté expirado, y que el aparato para el medicamento tenga una etiqueta con el nombre de mi criatura.</p> <p>_____ Se me ha recomendado que le entregue a la Oficina de Salud un poco de la medicina para el Anafiláctico para que la tengan ellos disponible para en casos de emergencias.</p> <p>_____ Entiendo que si mi criatura falla en cargar y tomar su medicina según las ordenes del doctor y de este contrato, el personal de la escuela se va a comunicar conmigo y este contrato será reconsiderado.</p> <p>_____ Entregué a la escuela la autorización completa titulada "Autorización para Medicamento Anafiláctico en la Escuela". Yo y el doctor que recetó el medicamento la firmamos.</p> <p>_____ Libro a MCVSD #51, y cualquier entidad asociada, y empleados y voluntarios de MCVSD #51 o entidad asociada de toda responsabilidad si mi criatura no carga o se toma este medicamento debidamente y según las ordenes del doctor y de este contrato.</p>	
Firma del Padre/Guardián:	Fecha:

MCVSD #51 Registered Nurse:

<p>MCVSD #51 Registered Nurse to initial each item and sign below:</p> <p>_____ I have met with this student and he/she has verbalized an understanding of: 1) the safe and correct technique for self-administration of his/her Epinephrine auto-injector, 2) the appropriate dosage and reason for administration, 3) the responsibilities and risks associated with carrying medication at school.</p> <p>_____ I have notified the appropriate staff of the student's health concern and have advised those staff that need to know of the student's authorization to carry and self-administer anaphylaxis medication.</p> <p>_____ I have verified that all appropriate paperwork has been completed and the physician and the school nurse have determined that this student has the skill level necessary to carry and self-administer anaphylaxis medication at school and school sponsored activities.</p> <p>_____ I have attempted to obtain a parent/guardian signature for consent to carry an epi-pen at school on: _____</p>	
RN Signature:	Date: