

In accordance with the “Colorado Schoolchildren’s Asthma and Anaphylaxis Health Management Act” this student has permission to carry and self-administer anaphylaxis medication for the current school year.

STUDENT CONTRACT
Carrying and Self-administering Medications for Anaphylaxis at School

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:

Parent/Guardian:

Parent/Guardian name:	Phone:
<p>Parent/Guardian to initial each item and sign below:</p> <p>_____ I agree to make sure that my child carries the prescribed medication.</p> <p>_____ I will ensure that the device contains medication, the medication has not expired, and the medication device is labeled with my child’s name.</p> <p>_____ It has been recommended to me that back up anaphylaxis medication be provided to the Health Office for emergencies.</p> <p>_____ I understand that if my child fails to carry and self-administer this medication according to the physician’s orders and the above agreement, I will be contacted by school personnel and this contract will be reconsidered.</p> <p>_____ I have provided the school with a completed authorization titled “Authorization for Anaphylaxis Medication at School.” This form has been signed by me and by the prescribing physician.</p> <p>_____ I release MCVSD #51, any associated entity, and employees and volunteers of MCVSD #51 or associated entity, from liability if my child fails to safely and responsibly carry and self-administer this medication in accordance with the physician’s orders and this contract.</p>	
Parent/Guardian signature:	
Date:	

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 ep-pen at school on: _____</p>	
RN Signature:	
Date:	