



# Cape Henlopen School District

## Self-Administration of Emergency Medication: Autoinjectable Epinephrine Autoinjector - Student Agreement

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Date: \_\_\_\_\_

### I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me at all times.
- Let someone know, if possible, when I need to take the epinephrine or immediately after taking it.
  - Someone needs to call 911 Right away.
  - An adult needs to be informed of what is happening and the school nurse needs to be contacted if during the school day.
- The school nurse will:
  - Call 911 and arrange transportation to Emergency room. (Injected epinephrine only lasts 20-30 minutes)
  - Contact parent/guardian/relative caregiver
  - Stay with student. Keep student quiet, monitor symptoms, until paramedics arrive.
  - Observe for severe allergic reaction, hives, wheezing, difficulty breathing, swelling (face, neck), tingling/swelling of tongue, vomiting, signs of shock, loss of consciousness.
  - Other:
- I understand that permission for self-administration of medication may be discontinued if I am unable to follow the safeguards established above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Relative Caregiver

\_\_\_\_\_  
Date

- Student verbalizes dose
- Student demonstrates proper technique
- Student verbalizes symptoms/signs of when medication is needed and when to notify the school nurse
- Student verbalizes safe use
- Parent and licensed healthcare provider permission to self-administer

***The student has demonstrated knowledge about the proper use of his/her medication.***

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date