Parkland School District
Student Contract to Carry Epinephrine Auto-Injector

Dear Parent/Guardian:

Student Name _____ Grade _____

Name of auto-injector medication_____

Dosage_____

SOMEONE MUST CALL 911 IMMEDIATELY AFTER EPINEPHRINE AUTO- INJECTOR IS GIVEN

The following steps will be taken if expected results of medication are not obtained.

_____

_____

After school nurse has verified proper technique my child may carry his/her epinephrine auto-injector with him/her at all times. I understand that necessary school personnel will be informed of my child's authorization to carry his epinephrine auto-injector. If my child does not follow any of the student rules for epinephrine auto-injector use listed below, I am aware that disciplinary action may result in confiscation of the epinephrine auto-injector and or loss of the privilege to carry an epinephrine auto-injector. I hereby release, discharge, and hold harmless the Parkland School District, its agents and its employees from any and all liability if my child fails to self-medicate as prescribed by the physician.

Parent Signature_____Date:_____

Student Rules on Epinephrine Auto-injector Use

I am responsible for taking my epinephrine auto-injector as prescribed by my physician.
I am responsible for bringing my epinephrine auto-injector to school.
I will ask someone to call 911 immediately if I ever self-administer my epinephrine auto-injector.
I will never loan my epinephrine auto-injector to anyone else or invite anyone to try my epinephrine auto-injector.
If I do not follow all of the above rules, I am aware that I may face disciplinary action.

Student Signature_____Date:_____
School Nurse Signature_____Date:_____