

Self-Carry/Administration of Epinephrine Student Agreement

I agree to:

- Follow my physician or licensed prescriber's medication orders.
- Understand the proper use and possible side effects of my prescribed medication.
- Demonstrate proper use with an epinephrine trainer if requested.
- Not allow anyone else to use my medication.
- Keep my epinephrine emergency medication with me at all times and ensure it is readily accessible for immediate use. The medication should not be stored in locations that may delay access in an emergency (e.g., lockers or unattended backpacks).

If another storage location is preferred (e.g., backpack, athletic bag), please specify:

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- Notify the school nurse, health paraprofessional, or school staff immediately after use so that 911 can be called.
 - Bring my epinephrine emergency medication with me on field trips and during any off-campus school activities.

Recommendation: It is strongly recommended that a backup epinephrine medication be provided to the school health office.

Important: I understand that in the event of a severe allergic reaction, immediate access to epinephrine is critical. Delays in access (such as retrieving it from a locker or unattended bag) may prevent timely treatment.

I understand that permission to possess and self-administer my medication may be revoked if I am unable to follow the above requirements.

Student Signature: _____ **Date:** _____

I have read and understand the above student agreement.

Parent/Guardian Signature: _____ **Date:** _____