

Student Contract for Self-Carried Medication

Date: ____/____/____

Student: _____

School: _____

Grade: _____

Parent/Guardian: _____

Telephone: _____

Health Care Provider: _____

Telephone: _____

Medication: _____

Dosage: Amount to administer: _____

Time to Administer: _____

Both parent/guardian and health care provider must complete and sign a Medication Authorization Form to remain in file at the school. In addition, the student's full name must appear on the medication container, including inhalers and Epi-pens and all medical equipment.

Student Responsibilities & Agreement ~

I request to keep my inhaler, medical equipment, Epi-Pen with me while at school, rather than in the school office.

I agree to use my inhaler, medical equipment, Epi-Pen in a responsible manner and in accordance with my health care provider's orders.

I will notify the school nurse or school administrative office should I have more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, medical equipment, Epi-Pen.

Other: _____

Student Signature

____/____/____
Date

School Responsibilities & Verification ~

_____ Emergency Action Plan is complete and on file at the school.

_____ Student demonstrates correct use/administration of self-carried medication.

_____ Recognizes correct and prescribed timing for medication.

_____ Agrees to carry medication on person –

~ OR ~

_____ Medication is kept in constant, pre-determined location.

_____ Emergency Action Plan is complete and on file at the school.

_____ Understands own health condition well.

_____ Additional medication is kept in a labeled container in the health or school administrative office.

_____ Will not share inhaler, medical equipment, Epi-Pen, or other medication with others.

Comments: _____

School Nurse Signature

____/____/____
Date