

## CONTRACT TO SELF-CARRY Epi-PEN, INHALER &/or INSULIN/GLUCAGON

<b>STUDENT NAME:</b>			
<b>Epi – Pen</b> <input type="checkbox"/> NA	<input type="checkbox"/> I plan to keep my <b>Epi-pen</b> with me at school rather than in the school health office. <input type="checkbox"/> I agree to use my <b>Epi-pen</b> in a responsible manner, in accordance with my physician’s orders. <input type="checkbox"/> I will notify the school health office immediately if my <b>Epi-pen</b> has been used. <input type="checkbox"/> I will not allow any other person to use my <b>Epi-pen</b> .		
<b>Inhaler</b> <input type="checkbox"/> NA	<input type="checkbox"/> I plan to keep my <b>Inhaler</b> with me at school rather than in the school health office. <input type="checkbox"/> I agree to use my <b>Inhaler</b> in a responsible manner, in accordance with my physician’s orders. <input type="checkbox"/> I will notify the school health office immediately if my <b>Inhaler</b> has not provided relief and/or improvement of asthma symptoms. <input type="checkbox"/> I will not allow any other person to use my <b>Inhaler</b> .		
<b>Insulin/Glucagon</b> <input type="checkbox"/> NA	<input type="checkbox"/> I plan to keep my <b>Insulin/Glucagon</b> with me at school rather than in the school health office. <input type="checkbox"/> I agree to use my <b>Insulin/Glucagon</b> in a responsible manner, in accordance with my physician’s orders. <input type="checkbox"/> I will notify the school health office immediately if my <b>Glucagon</b> has been used. <input type="checkbox"/> I will not allow any other person to use my <b>Insulin/Glucagon</b> .		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Student Signature:</b></td> <td style="width: 30%; border: none;">Date:</td> </tr> </table>		<b>Student Signature:</b>	Date:
<b>Student Signature:</b>	Date:		
<b>PHYSICIAN NAME:</b>			
This student has the knowledge and skill to carry and use: <input type="checkbox"/> <b>Epi-Pen</b> _____ This student has the knowledge and skill to carry and use: <input type="checkbox"/> <b>Inhaler</b> _____ Please contact the Healthcare Provider and parent if student is using quick relief medication more than _____ times a week (not including pre-exercise treatment). This student has the knowledge and skill to carry and use: <input type="checkbox"/> <b>Insulin/Glucagon</b> _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Physician Signature:</b></td> <td style="width: 30%; border: none;">Date:</td> </tr> </table>		<b>Physician Signature:</b>	Date:
<b>Physician Signature:</b>	Date:		
<b>PARENT/GUARDIAN NAME:</b>			
This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies. <input type="checkbox"/> I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired. <input type="checkbox"/> It has been recommended to me that a back-up medications (Inhaler/Epi-Pen/Insulin) be provided to the Health Office for emergencies. <input type="checkbox"/> I will review the status of the student’s allergy with the student on a regular basis as agreed in the treatment plan. <input type="checkbox"/> I will review the status of the student’s asthma symptoms with the student on a regular basis and will contact the doctor for changes in the student’s asthma symptoms. <input type="checkbox"/> I will review the status of the student’s diabetes with the student on a regular basis and will contact the doctor for changes in the student’s diabetes symptoms.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Parent/Guardian Signature:</b></td> <td style="width: 30%; border: none;">Date:</td> </tr> </table>		<b>Parent/Guardian Signature:</b>	Date:
<b>Parent/Guardian Signature:</b>	Date:		
<b>SCHOOL NURSE:</b>			
<input type="checkbox"/> The above student has demonstrated correct technique for Epi-pen use & an understanding of the physician order for emergency use of the Epi-pen. <input type="checkbox"/> The above student has demonstrated correct technique for Inhaler use, an understanding of the physician order for use of the Inhaler. <input type="checkbox"/> The above student has demonstrated correct technique for Insulin/Glucagon administration, an understanding of the physician order for use of the Inhaler <input type="checkbox"/> School staff that have the need to know about the student’s condition and the need to carry medication have been notified.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>RN Signature:</b></td> <td style="width: 30%; border: none;">Date:</td> </tr> </table>		<b>RN Signature:</b>	Date:
<b>RN Signature:</b>	Date:		