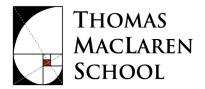


# CONTRACT FOR STUDENTS CARRYING EPI-PEN°/ ADRENACLICK/AUVI-Q WHILE AT SCHOOL

Student Name	Grade"
	Name of Medication:
Life Threatening Allergy to:	
	me between dosages of meds to be self-administered:
	PHYSICIAN
<ul> <li>I have instructed the student in the correct</li> <li>I confirm that the student is capable of ac</li> </ul>	dministering the prescribed medications.  Date
PAN	RENT / GUARDIAN
<ul> <li>My child understands his/her allergies, sy</li> <li>I give permission for my student to keep this medication in the school setting.</li> <li>I agree to bring an extra (back-up) Epi-Pe</li> <li>I agree to be responsible for ensuring that up Epi-Pen®/Adrenaclick/Auvi-Q in the</li> <li>I agree to regularly review with my child quency of use, procedure, and documentated in the processing of the pro</li></ul>	chool employee, or school nurse is not liable for damages if there is an act nis/her medication unless the damages were caused by the willful or wanton
Parent Signature	Date



## CONTRACT FOR STUDENTS CARRYING EPI-PEN°/ ADRENACLICK/AUVI-Q WHILE AT SCHOOL

### **STUDENT**

#### Student:

- I agree to use my Epi-Pen®/Adrenaclick/Auvi-Q as prescribed by my doctor above. I understand my allergies, symptoms, and treatment plan.
- ◆ I agree to keep my Epi-Pen®/Adrenaclick/Auvi-Q with me at school as well as an extra one in the school health offices.
- I agree to notify the health office immediately if I administer my Epi-Pen®/Adrenaclick/Auvi-Q while at school.
- I agree never to share my Epi-Pen®/Adrenaclick/Auvi-Q with anyone.
- ♦ I understand that the freedom to manage my Epi-Pen®/Adrenaclick/Auvi-Q independently is a privilege and I agree to abide by the contract.

Student Signature	Date

### SCHOOL NURSE

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N.C	haal		lurse

<b>♦</b>	I agree to notify staff that have the "need to know"	about this student's condition	and the need to carry an E	∃pi-
	Pen®/Adrenaclick/Auvi-Q-			

Nurse signature:	Date	

<sup>\*\*</sup>This Health Plan and any nurse delegation related to this plan are for use during normal operation school hours. After hours, call parent(s) and/or 911 for all medical concerns/emergencies.