Non-Public School Health Services

CONTRACT FOR CARRY/SELF-ADMINISTRATION OF EPIPEN 2026- 2027

Students with life threatening allergies are expected to carry their Epinephrine auto injectors during school, before and after school, and on field trips. In order to coordinate the best care for your child, please **complete** parental portion of this form below and return it to the Health Office. Contact the School Nurse if there are any changes to your child's medication or treatment plan during the school year.

STUDENT NAME_____Grade: _____Date: _____

1. Self-carry/self-administration order from prescribing physician must be on file in health office.
2. Medication must be unexpired and in its original container with pharmacy label
3. Student demonstrates safe and correct administration of auto injector using a trainer
4. Student verbalizes symptoms of allergen exposure, and prescribed plan of treatment
5. Student agrees to **NEVER** share medication with others
6. Student understands medication temperature considerations and agrees to follow manufacturer storage recommendations
7. Student agrees that after administering this medication he/she will immediately inform a faculty/staff member, and 911 will be called.
8. Student agrees to **provide and carry his/her own auto injector on field trips.** If student forgets to bring his/her auto injector, they **forfeit** attendance on the field trip.
9. Expiration date of auto injector _____. If applicable, a reminder set in student phone or date book_____

Student and Nurse Agreement

This student does_____does not_____ demonstrate the required responsibility to self-carry/administer. I give permission to notify staff of my plan of self-administration. I understand that if I do not follow the agreement according to the guidelines stated above, or misuse my medication in any way, this agreement will be immediately terminated, and my parents will be notified.

_____	_____	_____	_____
Student Signature	Date	School Nurse Signature	Date

Parent/Guardian Agreement

I request that my child, named above, be permitted to carry and self-administer the above ordered medication, and be responsible for proper use and storage. I support my child in following the above agreement and understand that if he/she does not, I will be contacted and a new plan will be developed. I agree to provide additional medication in the event of loss or damage. It is recommended that a back-up Epinephrine be provided to the school health office for emergencies.

_____	_____	_____
Parent/Guardian Signature	Date	Emergency Phone Number