

EpiPen Self-Carry Agreement for Students with Allergies



NOTE: This form is to be completed each school year, in addition to a medication authorization order from the student's provider with prescriptive authority.

Student Name: _____ DOB: _____ Grade: _____

School: _____

STUDENT ACKNOWLEDGMENT:

- I agree to keep my EpiPen with me at all times while attending school and/or attending school-sponsored events.
- I agree to use & self-administer my EpiPen responsibly, per my provider's orders.
- I agree to notify the school health clinic immediately if I use my EpiPen.
- I agree to not allow any other person to use my EpiPen.
- I agree that failure to follow the terms of this Agreement and applicable school board policy will result in loss of the privilege to possess and self-administer my EpiPen.

Student Name _____ Student Signature _____ Date _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

This contract is in effect for the current school year unless revoked by the provider or if the student fails to meet the above safety contingencies.

- I agree to see that my student carries their medication as prescribed by their provider at school and/or at school-sponsored events and activities, that the device contains medication, and that the medication is not expired.
- I agree to provide the school health clinic with a signed Health Care Provider order for this medication.
- It has been recommended to me that a backup EpiPen be provided to the school health clinic for emergencies.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

SCHOOL ACKNOWLEDGMENT

- The above student has demonstrated the correct technique for EpiPen use, they understand the provider's order for emergency use of the EpiPen.
- Appropriate school staff who need to know about the student's medical condition and their need to self-carry this medication have been notified.
- I have reviewed the medication authorization order provided by the parent/guardian and signed by the health care provider and the parent/guardian.

School Nurse Name _____ School Nurse Signature _____ Date _____

Pursuant to C.R.S. 22-1-119.5, a student with asthma, severe allergies, or other related, life-threatening conditions may possess and self-administer medication to treat the condition if the student has an approved treatment plan. In accordance with state law and school board policy, a student may be granted permission to self-carry and self-administer asthma inhalant medication. As such, the Cherry Creek School District requires that parents and students complete this Agreement prior to granting a student permission to possess and self-administer asthma inhalant medication.