Self Administration of Emergency Epinephrine – Student Agreement

School Year __________

I agree to the following:

- I will follow my prescribing health professional’s medication orders.
- I will not allow anyone other than myself to use my emergency epinephrine.
- I will keep my emergency epinephrine with me in school and on field trips.

I understand that I am taking on the responsibility to:

- Know my allergy triggers and symptoms, and when and how to use my emergency epinephrine.

  Verbalized understanding: ___________  Student Initials: _____  LSN Initials: _______  date

- Know where my emergency epinephrine is and the expiration date.

  Verbalized understanding: ___________  Student Initials: _____  LSN Initials: _______  date

- Demonstrate proper technique with use of emergency epinephrine.

  Demonstrated technique: _____________  Student Initials: _____  LSN Initials: _______  date

- Will notify an adult, who will notify the Health Office and call 911 if I have to give myself the emergency epinephrine.

  Verbalized understanding: ___________  Student Initials: _____  LSN Initials: _______  date

I understand that permission for self-administration of my emergency epinephrine may be suspended if I am unable to continue to demonstrate safe use of my emergency epinephrine at school.

I understand that this agreement is valid for the school year _______________ and will need to be renewed annually with the licensed school nurse, parent/guardian, my physician and myself in order to continue self-carrying of my emergency epinephrine.

It is highly recommended that a back up emergency epinephrine be kept in the health office.

_________________________  __________________________
Signature of Student  Date

I have read and agree to the above Student Agreement:

_________________________  __________________________
Signature of Parent/Guardian  Date

_________________________  __________________________
Signature of Licensed School Nurse  Date

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