Self-Administration of Epipen

Student Agreement

I agree to:

- Follow my physician/licensed prescriber's medication orders.
- Be knowledgeable of prescribed medicine's proper use and side effects.
- Demonstrate proper use of an epipen trainer.
- Not allow anyone else to use my medication.
- Keep my epipen with me at all times, in a safe place that is not accessible to other students. If another location is more appropriate or desired, please explain (for example backpack, athletic bag…):

  _____

  _____

- Notify the school nurse or school personnel immediately upon use of my epipen, so that 911 will be called at once.
- I understand that permission for possession and self-administration of my medication may be suspended if I am unable to maintain the criteria listed above.

_____ _____

Signature of Student Date

I have read the above student agreement.

_____ _____

Signature of Parent/Guardian Date

The student has demonstrated knowledge about and proper use of his/her epipen.

_____ _____

Signature of School Nurse Date