



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