



HOPE Academy

2022-2023

**CONTRACT FOR STUDENTS SELF CARRYING/  
ADMINISTERING EPI-PENS WITH THEM WHILE AT  
SCHOOL**

**STUDENT**

- I will keep my Epi-pen with me at school at all times.
- I agree to use my Epi-pen in a responsible manner, only as directed by my doctor/nurse practitioner.
- I will notify the school health office immediately if my Epi-pen has been used.
- If I lose my Epi-pen I will notify \_\_\_\_\_ at school and he/she will notify my parents.
- I will not allow any other person to use my Epi-pen.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/GUARDIAN**

This contract is in effect for the current school year unless *revoked by the physician/school nurse if the student fails to meet the above safety contingencies.*

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-pen be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.
- I understand that I have the option to withdraw my permission for my student to carry their Epi-pen and self administration.

Parent's/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permission Revoked: \_\_\_\_\_ Signature/Date : \_\_\_\_\_

**The above student has demonstrated correct techniques for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.**

- **The school staff that have the need to know about the student's condition and the need to carry medication have been notified.**

School Nurse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permission Revoked: \_\_\_\_\_

School Nurse's Signature/ Date: \_\_\_\_\_

Reason Revoked: \_\_\_\_\_