Superintendent File: JLCD-E-4

CONTRACT TO CARRY/SELF-ADMINISTER MEDICATION

This Contract is for students diagnosed with asthma, anaphylaxis, severe allergies, and/or other related life-threatening conditions and is in effect for the current school year unless revoked by a physician or if the Student fails to meet contingencies cited below.

Student Name _____ **Date** _____

School _____ **DOB** _____

Medication _____ **Purpose of Medication** _____

Student:

- I agree to keep my Medication with me at school and use it in a responsible manner as instructed by my above referenced health care provider.
- I will notify school office staff if my condition for which I am prescribed the Medication presents any unusual difficulty.
- I will notify the office staff if and when I use the Medication.
- I will not allow any other student to administer my Medication to him or herself and understand that if I do, I will be disciplined in accordance with the Douglas County School District Re.1's Student Code and understand that if I do, I will be appropriately disciplined in accordance with Douglas County School District Re.1's Student Code of Conduct and Discipline.
- I understand that if I fail to comply with this contract, my privilege to carry and self-administer the Medication may be withdrawn.

_____

(Student Signature) (Date of Signature)

Parent or Guardian:

- I will assure that my child, the above-referenced Student, will carry his/her Medication as prescribed, and that the device containing the Medication and provided to the above-referenced school is appropriately labeled by a pharmacist or healthcare provider and contains Medication that has not expired.
- I will assure that backup Medication is provided to the health office staff at the above-referenced school for emergencies.
- I will review the attached health care plan on a regular basis with my child.

_____ _____

(Parent/Guardian Signature) (Date of Signature)

School Nurse:

- I will assure that the Student can demonstrate the correct technique for self-administering the Medication.
- I will assure that the Student has an understanding of the above-references physician's order pertaining to proper time and dosages for self-administering the Medication.
- I agree to assure that appropriate school staff is made aware of the Student's condition and the need for the Student to carry the Medication.
- I agree to review on a regular basis with the Student, the status of the Student's asthma/allergy as identified above.
- I agree to assign a designee to make a 911 emergency call if and when the Student is exposed in such a way as to require his/her use of epinephrine (EpiPen)*

_____ _____

(School Nurse Signature) (Date of Signature)

* Only applies to students who are prescribed epinephrine