

Mumford ISD

Contract for Students Carrying an EpiPen

Student:

- I will keep my rescue EpiPen with me at school rather than in the health office
- I will use my rescue EpiPen in a responsible manner and as instructed by my physician
- I will notify the health office if I am having more difficulty than usual with my breathing
- I will not allow any other person to use my EpiPen

Student Signature: _____ Date: _____

Parent/Guardian:

This contract is in effect for the current school year unless revoked due to change in care by physician or the student fails to follow safety guidelines agreed to in contract.

- I request that my child carries his/her medication
- I will assure the device contains medication and date is current.
- I understand that it is recommended to keep an extra EpiPen in the Health Office for emergencies
- I will notify the Health Office to any changes in my child's condition

Parent/Guardian Signature: _____ Date: _____

School Nurse

- The above student has demonstrated correct technique for his/her EpiPen use
- The above student has an understanding of the physician orders for time and dosages
- Staff will be notified as needed to the student's condition and need for medication

Nurse Signature: _____ Date: _____