



**Contract Between Student, Parent/Guardian, School Health RN, and Physician  
For Permission To Self Carry & Self Administer Medication**

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Asthma Inhaler (X)** \_\_\_\_\_ **EpiPen (X)** \_\_\_\_\_

Name of Medication	Dose	Frequency of Use

Students at OCMS and OCHS may “self carry” their prescribed emergency medication(s), such as asthma inhalers and EpiPens, if approved by parent/guardian, School RN, and student’s Physician. However, it is preferred that the student’s medication be kept and administered in the Health Room where it will be stored in a consistent, secure, accessible location, be used under supervision, monitored for correct administration, in the proper amount, records kept, and the parent can be notified when a refill is needed. These practices will not be done for students who self-carry and self-administer the asthma inhaler.

- Asthma Inhalers**  
**Qualified** students will be allowed to carry their asthma inhaler so that it may be immediately accessible. An extra inhaler provided by the parent **may** be kept in the Health Room should the student not have the inhaler when it is needed (i.e. forgets his/her inhaler at home, loses it, or runs out). Students who demonstrate an inability to manage self-medication properly and break the contract below will not be allowed to continue this practice & the Parent/Guardian will be notified.
- EpiPens**  
**Qualified** students will be allowed to carry their EpiPen so that it may be immediately accessible. However, an **additional EpiPen provided by the parent MUST** be kept in the Health Room to assure one is available for the student should he/she not possess one at the needed time (i.e. forget/misplace/loses it). Student **MUST** notify nearest OCS teacher, student, &/or Health Room immediately with EpiPen administration, & steps of Individualized Plan of Care will be immediately followed. Students who break the contract will not be allowed to continue self-carry EpiPen & the Parent/Guardian will be notified.

All medications brought to school must be in their original container with intact prescription label attached indicating medication dosing instructions, and accompanied by a parental signed “consent and release for administration of prescription and non-prescription medication brought from home to be administered at school.” The physician may sign this contract OR a written order will be needed stating that the student may be allowed to self carry and self administer his/her emergency medication.

- Student must demonstrate to the School Nurse the correct indications for use & technique of administration of the medication
- Student agrees to never share the medication with another person.
- Asthma inhaler: Student agrees that after asthma inhaler is self-administered and if relief not given, he/she will immediately report to Health Room by student or staff escort, where parent will be notified and further action taken.
- EpiPen: Student agrees if he/she is having symptoms that require EpiPen or has injected EpiPen, he/she will immediately report this to the nearest OCS staff or student in his/her immediate presence & immediate action will be taken, as indicated on Individualized Plan of Care. Student understands that in this situation, he/she is NOT to be left alone & must be accompanied by OCS teacher or student at all times. Student will save the used EpiPen after replaced in its container and will be sent to the hospital with the student
- Other/Comments: \_\_\_\_\_

**Parent/Guardian Consent:** I give permission for my child \_\_\_\_\_ to self carry and self administer the medication prescribed by the physician. I understand that he/she must follow the rules listed above & I will be notified of any student breach in the contract. I will notify the school of changes in medication or my child's condition.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student’s Consent:** I agree to the conditions as specified on the rules listed above. If I break my contract, I understand that I will no longer be allowed to self-carry & self-medicate with my prescribed medication and my medication must be kept in the Health Room & an OCS School Official will notify my Parent/Guardian of the incident.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature** (or attach written order) \_\_\_\_\_ **Date:** \_\_\_\_\_