



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

School Year: 20____ - 20_____

Student's Name: _____ **Birth Date:** _____ **Grade:** _____

Select Option (X): Asthma Inhaler _____ EpiPen _____ Insulin & Glucagon _____

Name of Medication	Dose	Frequency of Use

Students at OCMS and OCHS may "self carry" their prescribed emergency medication(s), such as asthma inhaler, Epi-Pen, Insulin, or Glucagon, 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 emergency medications.

• **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.

• **Epi-Pen, Insulin, or Glucagon**

Qualified students will be allowed to carry their Epi-Pen, Insulin, & Glucagon so that it may be immediately accessible. However, an **additional Epi-Pen, Insulin, or Glucagon 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 Epi-Pen or Glucagon administration, & steps of Individualized Plan of Care will be immediately followed. Students who break the contract will not be allowed to continue to self-carry these medications and 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 may be attached stating that the student may be allowed to self carry and self administer his/her emergency medication.

- Student must demonstrate to the School Nurse or Health Tech 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.
- Epi-Pen or Glucagon: Student agrees if he/she is having symptoms that require Epi-Pen or Glucagon, 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 Epi-Pen or Glucagon after replaced in its container and will be sent to the hospital with the student.
- Other/Comments: _____

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:** _____

OCS Health Room Staff Witness: _____ **Date:** _____

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:** _____

School Nurse Signature: _____ **Date:** _____

Physician Signature (or attach written order) _____ **Date:** _____