



STUDENT CONTRACT TO CARRY EPINEPHRINE AUTO-INJECTOR

Dear Parent/Guardian:

Student Name: _____ Grade: _____

Name of IAuto-Injector medication: _____

Dosage: _____

SOMEONE MUST CALL 911 IMMEDIATELY AFTER EPINEPHRINE AUTO - INJECTION HAS BEEN ADMINISTERED

The following steps MUST be taken if expected results of medication are not obtained.

The school nurse has verified proper technique my child may carry his/her epinephrine auto-injector with him at all times. I understand that necessary school personnel will be informed of my child’s authorization to carry his/her epinephrine auto-injector. If my child does not follow any of the student rules for the epinephrine auto-injector use listed below, I am aware that disciplinary action will result including confiscation of the epinephrine auto-injector and loss of the privilege to carry an epinephrine auto-injector. I hereby release, discharge, and hold harmless CAI Learning Academy, its agents and its employees from any and all liability if my child fails to self medicate as prescribed by the physician.

Parent/Guardian Signature: _____ Date _____

STUDENT RULES on EPINEPHRINE AUTO-INJECTOR USE

- I am responsible for taking my epinephrine auto-injector as prescribed by my physician.
- I am responsible for bringing my epinephrine auto-injector to school.
- I will ask someone to call 911 immediately if I ever self-administer my epinephrine auto-injector.
- I will never loan my epinephrine auto-injector to anyone else or invite anyone to try my epinephrine auto-injector.
- If I do not follow all of the above rules, I am aware I may face disciplinary action.

Student Name: _____ Date _____

School Nurse Signature: _____ Date: _____