

## **SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION**

### **Permission to Self-Carry EpiPen Form**

**Dear Parent/Guardian:**

**In an effort to meet the emergency medication needs of you child, responsible students will be permitted to carry an EpiPen while at school. Self-medication will be permitted if you, your child, and physician feel this is appropriate. We encourage you to carefully consider whether your child should be self-medicating. Not all children with allergic reactions should self-medicate. The following is a list of questions designed to help you make this decision.**

1. Will your child ALWAYS remember to bring his/her medicine to school?
2. Will your child NEVER share his/her medicine with another student?
3. Will your child tell the teacher whenever he/she takes his/her medicine?
4. 911 will be called for all EpiPen needs.
5. Will your child remember to take his/her medicine with him/her to gym classes, field trips, and special events?
6. Does your child really know how and when to use his/her EpiPen?
7. Does your child really need to have his/her medicine with him/her at all times?

**An EpiPen may also be kept in the nurse's office.**

**\*Please Note: If you answered "no" to any of the above questions, your child should not be self-medicating at school.**

*In compliance with Indiana Senate Law 0376, responsible students with proper documentation are permitted to carry EpiPens; however, the student, parents, and health care provider should make this decision after careful consideration. If you have questions about the above policy, please contact your doctor or your school nurse.*

## PERMISSION TO CARRY EPIPEN CONTRACT

**Student:** \_\_\_\_\_ **Grade/Class:** \_\_\_\_\_

I agree to keep my EpiPen, \_\_\_\_\_ (medication name), to be used responsibly for my own personal use as directed by my health care provider. I have been instructed in the use of this medicine and will follow my health care provider's directions. I will not share my medicine with any other person. I will notify "an adult" that I need or have administered my EpiPen. 911 will be called simultaneously to administering an EpiPen. I understand that if I do not follow this agreement, I will lose the privilege of being able to carry my medicine with me. I will transport daily to and from school and will have above medication on my person for all field trips, sports, and any school activity. I have been instructed on universal precautions and will properly dispose of the used syringe.

Therefore, I realize that **I AM RESPONSIBLE** for carrying out this plan.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent:**

I agree that \_\_\_\_\_ (Student's name) has been instructed on when and how to appropriately use his/her EpiPen and he/she is able to do so at school. I believe my child is responsible for self-emergent care or notifying an adult the need to take the emergency medication. I understand a label must be placed on the medication that includes the student's name and a copy of the current prescription. It will be the responsibility of my child to carry he/her EpiPen to school and keep on his/her person at all times. 911 is called for any EpiPen administrations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I agree with the above contract. This agreement will be maintained in the school health clinic for school year 20\_\_ to 20\_\_.

\_\_\_\_\_  
Nurse Signature

**Please complete and return to the school office.**

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