



Procedure Code: JLCD-R
Date: Revised February 2, 2023

**GRADES 6-12**  
**Permission to carry Inhaler and/or EpiPen**  
**Contract between Student, Parent/Guardian, Nurse and Physician**

So that we may provide the best care for the student, please complete the information below and return to the School Nurse. If any changes occur during the year, please notify the School Nurse.

All medications brought to school must be in their original pharmacy containers (labeled with the student’s name). All medications administered at school require a physician’s written order as well as written parental permission. All medication to be administered by the school nurse shall be kept in a securely-locked cabinet which is kept locked except when opened to obtain medications. Emergency medications may be secured in other locations readily accessible only to those with authorization.

**OPTION #1**

The student comes to the health office where the inhaler and or EpiPen is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and that records will be kept. A number of students keep their inhalers in the health office and come before PE or as needed.

**OPTION #2**

Upon completion of the contract below, the student will be allowed to self-administer and carry his/her inhaler and or EpiPen. The advantage being that the inhaler and or EpiPen is immediately available.

**RESPONSIBILITIES FOR SELF-ADMINISTRATION AND CARRYING INHALER AND OR EPIPEN:**

- \_\_\_\_\_ 1. Student has demonstrated to the nurse and physician the correct use of the inhaler and or EpiPen.
- \_\_\_\_\_ 2. Student understands responsible use of the inhaler and or EpiPen and recognizes proper and \_\_\_\_\_ prescribed timing for use.
- \_\_\_\_\_ 3. Student agrees that if after 2 puffs there is no marked improvement, he/she will see the nurse immediately.
- \_\_\_\_\_ 4. Student agrees that if after self-administration of EpiPen they will notify the nearest adult and immediately notify the school nurse.
- \_\_\_\_\_ 5. Parent/Guardian will provide a second labeled medication to be kept in the health office for emergency use.
- \_\_\_\_\_ 6. Student agrees to never share the inhaler and or EpiPen with another person.
- \_\_\_\_\_ 7. Student agrees to follow this contract and agrees that failure to do so will lead to parent/guardian contact and development of a new plan.

Comments and added responsibilities: \_\_\_\_\_

\_\_\_\_\_  
 Student Name (Please print)

\_\_\_\_\_  
 Student’s Date of Birth

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

I request that the student be allowed to carry his/her inhaler and or EpiPen and be responsible for its proper storage and use. I will support the student to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medication

\_\_\_\_\_  
 Dose and Frequency of Use

\_\_\_\_\_  
 Physician’s Signature

\_\_\_\_\_  
 Date