CHECK IN FOR STUDENTS CARRYING EPINEPHRINE WITH THEM WHILE AT SCHOOL

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Signature</th>
<th>Date</th>
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- I plan to keep my Epinephrine with me at school rather than in the school health office.
- I agree to administer my Epinephrine in a responsible manner, in accordance with my physician’s orders.
- I will notify the school health office immediately if my Epinephrine has been used.
- I will not allow any other person to use my Epinephrine.
- I understand use and feel I would be able to self-administer the Epi pen to myself.

<table>
<thead>
<tr>
<th>RN Name</th>
<th>Signature</th>
<th>Date</th>
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- The above student has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.
- School staff that have the need to know about the student’s condition and the need to carry medication have been notified.

Comments:

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STUDENT

- I plan to keep my Epinephrine with me at school rather than in the school health office.
- I agree to administer my Epinephrine in a responsible manner, in accordance with my physician’s orders.
- I will notify the school health office immediately if my Epinephrine has been used.
- I will not allow any other person to use my Epinephrine.
- I understand use and feel I would be able to self-administer the Epi pen to myself.

Student’s Signature ___________________________ Date ______________________

SCHOOL NURSE

- The above student has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.
- School staff that have the need to know about the student’s condition and the need to carry medication have been notified.

Registered Nurse’s Signature ___________________________ Date ______________________

Comments: