

# CHECK IN FOR STUDENTS CARRYING EPINEPHRINE WITH THEM WHILE AT SCHOOL



Student:

School/Grade:

<b>Student Name</b> _____	<b>Signature</b> _____	<b>Date</b> _____
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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.

<b>RN Name</b> _____	<b>Signature</b> _____	<b>Date</b> _____
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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: