

Student Agreement and Signature:

I, _____ agree I will

- Never allow another student to use my medication
- Check to make sure that my medication is labeled with my name
- Be aware of the expiration date of medication and replace before expired
- Keep my medication secure at all times and take to all activities and events as needed
- Avoid/minimize risks to my health and safety
- Follow school protocol and my medical provider’s instruction and directives on my emergency plan of care if applicable
- Report to teacher/coach/administrator/chaperone if I am in distress due to symptoms related to my health which may include
 - Side effects from medication
 - Diabetes
 - Life threatening allergy
 - Asthma
 - Other medical concerns

Student Signature:

Date _____

Parent Agreement and Signature:

- If my child carries emergency medication (including but not limited to inhaler, epinephrine auto injector, and/or Glucagon) I am expected to provide “back up” supply in the school health office.
- I will educate (or communicate the need for the school nurse to educate) any/all staff who support my child during extra-curricular activities beyond the normal school day
- Medication will be in original bottle, labeled with student’s name and not be expired
- My child will only have possession of the **necessary** number of doses
- Sharing or borrowing of medication with another student is strictly prohibited
- Permission to self-carry may be revoked if my child violates the District policy
- Violation of this agreement may result in school discipline

Parent Signature:

Date _____