

**Euclid City Schools Self Carry Epinephrine Autoinjector (Epi-Pen) Agreement****Student Information**

Student Name	Grade/Classroom:
<input type="checkbox"/> I plan to keep my epinephrine autoinjector with me at school as my doctor or health provider ordered. Location of my epinephrine autoinjector: _____	
<input type="checkbox"/> I agree to use my epinephrine autoinjector in a responsible manner as ordered.	
<input type="checkbox"/> I will notify the school clinic immediately if my epinephrine autoinjector has been used.	
<input type="checkbox"/> I will never allow any other person to use my epinephrine autoinjector.	
Student Signature	Date

**Parent Information**

This contract is in effect for the current school year unless revoked by the physician or licensed health provider, or if my child fails to meet the above safety contingencies.	
<input type="checkbox"/> I agree to see that my child carries their medication as prescribed, that the epinephrine autoinjector always contains medication that has not expired.	
<input type="checkbox"/> I was notified that Ohio law <b>requires</b> a “back-up” epinephrine autoinjector is available at the designated school clinic or office for emergencies. (ORC 3313.718(s))	
<input type="checkbox"/> I will review the health status with my child’s health care provider on a regular basis and notify the school if anything changes, including a parent/guardian emergency numbers. (ORC 3313.713 (k))	
Parent/Guardian Signature	Date
Emergency contact number (Available at all times)	

**Nurse/Health Monitor and/or Designated School Personnel**

<input type="checkbox"/> The student above had demonstrated correct technique for epinephrine autoinjector use and understanding of the physician order for emergency use.	
<input type="checkbox"/> 911 will always be called if student uses the epinephrine autoinjector during school hours.	
<input type="checkbox"/> School staff that has the need to know about the student’s condition and the need to carry an epinephrine autoinjector have been notified and trained according to ORC 3313.713.	
Nurse/Health Monitor Signature	Date
Designated School Personnel	Date
School Principal Signature	Date