



CONCORD

CHRISTIAN SCHOOL

Contract for Students Carrying an Epi-Pen

Student Name: _____

Date: _____

Student

- I plan to keep my Epi-Pen in my possession at school rather than in the School Office.
- I agree to use my Epi-Pen in a responsible manner, in accordance with my physician's order.
- I will notify the School Office immediately if my Epi-Pen has been used.
- I will NOT allow any other person to use my Epi-Pen.

Student's signature: _____

Date: _____

Physician

- The above-mentioned student has demonstrated correct technique for Epi-Pen use and is capable of self-administration.
- The above-mentioned student has demonstrated an understanding of the physician's order for emergency use of the Epi-Pen.

Student is allergic to: _____

Medication for treatment: _____

Signs and symptoms of reaction: _____

Treatment procedure: _____

Physician's signature: _____

Date: _____

Inspiring students to follow Jesus by equipping them to serve, lead, and transform their world.

Parent/Guardian

- I agree to see that my child carries their Epi-Pen as prescribed, that the device contains medication, and that medication has not expired.
- It has been recommended to me that a back-up rescue inhaler be provided to the School Office for emergencies.
- I will review the status of my child's allergy with them on a regular basis.
- I will accept full responsibility for allowing my child to carry an Epi-Pen.

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above-mentioned guidelines. The school may suspend or revoke the student's possession and self-administration privileges if the student misuses the Epi-Pen or any other person uses their Epi-Pen.

I, _____, acknowledge that the school and its employees and agents shall incur no liability as a result of injury sustained by the above-mentioned student or any other person from possession or self-administration of the Epi-Pen. I, the parent/guardian, shall indemnify and hold harmless the school, Concord Christian School, its parent company, First Baptist Concord, and its employees against any claims relating to the possession or self-administration of the Epi-Pen.

My child has received the appropriate training and agrees to abide by the guidelines for administration and carrying an Epi-Pen on their person.

Parent/Guardian signature: _____ Date: _____