Allergy Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry their emergency medication for the current school year.

https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: _____ **School Year/Date:** _____

STUDENT/CHILD: _____ **Birthdate:** _____ **Grade/Classroom:** _____

☐ I plan to keep my Epi-pen with me at school/child care rather than in the school health office/classroom.

☐ I will use my Epi-pen in a responsible manner, in accordance with my physician's
orders.

☐ I will notify the school health/care staff immediately if my Epi-pen has been used.

☐ I will not allow any other person to use my Epi-pen.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the provider or the child fails to meet the above safety contingencies.

☐ I agree to see that my child carries his/her emergency medication as prescribed, that the device
contains medication, and that the medication has not expired.

☐ I have been told to keep extra emergency medication in the Health Office or _____.

☐ I know school staff may review this contract with me if my child doesn't follow doctor orders or doesn't
follow agreement.

☐ I will provide the school a signed medication authorization for this medication.

Parent/Guardian's Signature _____ Date _____

Child Care Health Consultant/School Nurse: _____

☐ The above child has demonstrated correct technique for Epi-pen use, an understanding
of the physician order for emergency use of the Epi-pen.

☐ School/child care staff that have the need to know about the child's condition and the need to carry their
emergency medication have been notified.

☐ I will review the medication authorization provided by the parent and signed by the parent
and Health Care Provider.

Child Care Health Consultant/School Nurse Signature _____ Date _____