

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 _____