

**Self-Administration of Emergency Medication:
Autoinjectable Epinephrine Autoinjector
Student Agreement**

Name: _____

Grade: _____

Medication: Epinephrine Autoinjector

Date: _____

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me at all times.
- Let someone know, if possible, when I need to take the epinephrine or immediately after taking it.
 - Someone needs to call 911 right away.
 - An adult needs to be informed of what is happening and the school nurse needs to be contacted if during the school day.
- The school nurse will:
 - Call 911 and arrange transportation to Emergency room. (Injected epinephrine only lasts 20-30 minutes.)
 - Contact Parent/Guardian/Relative Caregiver.
 - Stay with student. Keep student quiet, monitor symptoms, until paramedics arrive.
 - Observe for severe allergic reaction, hives, wheezing, difficulty breathing, swelling (face, neck), tingling/swelling of tongue, vomiting, signs of shock, loss of consciousness.
 - Other _____
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

Signature of Student

Date

Signature of Parent/Guardian/Relative Caregiver

Date

-
- Student verbalizes Dose _____
 - Student Demonstrates proper Technique
 - Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
 - Student verbalizes Safe Use
 - Parent and licensed healthcare provider permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication.

Signature of School Nurse

Date

Modified from School Health Alert 2010