

Contract for Self Carry and Self Administration of Emergency Medications at School for Owensboro Catholic Middle and High School Students

_____ Asthma Inhaler

_____ Epi-Pen

Students at OCMS and OCHS may “self carry” their prescribed emergency medication(s), such as asthma inhalers and Epi-Pens, if approved by parent/guardian, School RN, and student’s Physician. However, It is preferred that the student’s medication be kept and administered in the Health Room where it will be stored in a consistent, secure, accessible location, be used under supervision, monitored for correct administration, in the proper amount, records kept, and the parent can be notified when a refill is needed. These practices will not be done for students who self-carry and self-administer the asthma inhaler.

• Asthma Inhalers

Qualified students will be allowed to carry their asthma inhaler so that it may be immediately accessible. An extra inhaler provided by the parent **may** be kept in the Health Room should the student not have the inhaler when it is needed (i.e. forgets his/her inhaler at home, loses it, or runs out). Students who demonstrate an inability to manage self-medication properly and break the contract below will not be allowed to continue this practice & the Parent/Guardian will be notified.

• Epi-Pens

Qualified students will be allowed to carry their Epi-Pen so that it may be immediately accessible. However, an **additional Epi-Pen provided by the parent MUST** be kept in the Health Room to assure one is available for the student should he/she not possess one at the needed time (i.e. forget/misplace/loses it). Student **MUST** notify nearest OCS teacher, student, &/or Health Room immediately with Epi-Pen administration, & steps of Individualized Plan of Care will be immediately followed. Students who break the contract will not be allowed to continue self-carry Epi-Pen & the Parent/Guardian will be notified.

All medications brought to school must be in their original container with intact prescription label attached indicating medication dosing instructions, and accompanied by a parental signed “consent and release for administration of prescription and non-prescription medication brought from home to be administered at school.”

The physician may sign this contract OR a written order will be needed stating that the student may be allowed to self carry and self administer his/her emergency medication.

**Contract Between Student, Parent/Guardian, School Health RN, and Physician
For Permission To Self Carry & Self Administer Medication**

- Student must demonstrate to the School Nurse the correct indications for use & technique of administration of the medication
- Student agrees to never share the medication with another person.
- Asthma inhaler: Student agrees that after asthma inhaler is self-administered and if relief not given, he/she will immediately report to Health Room by student or staff escort, where parent will be notified and further action taken.
- Epi-Pen: Student agrees if he/she is having symptoms that require Epi-Pen or has injected Epi-Pen, he/she will immediately report this to the nearest OCS staff or student in his/her immediate presence & immediate action will be taken, as indicated on Individualized Plan of Care. Student understands that in this situation, he/she is NOT to be left alone & must be accompanied by OCS teacher or student at all times. Student will save the used Epi-Pen after replaced in its container and will be sent to the hospital with the student
- Other/Comments:

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Name of Medication	Dose	Frequency of Use

Student's Consent:

I agree to the conditions as specified on the rules listed above. If I break my contract, I understand that I will no longer be allowed to self-carry & self-medicate with my prescribed medication and my medication must be kept in the Health Room & an OCS School Official will notify my Parent/Guardian of the incident.

Student Signature: _____ **Date:** _____

OCS Health Room Staff Witness: _____ **Date:** _____

Parent/Guardian Consent:

I give permission for my child _____ to self carry and self administer the medication prescribed by the physician. I understand that he/she must follow the rules listed above & I will be notified of any student breach in the contract. I will notify the school of changes in medication or my child's condition.

Parent Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

Physician Signature (or attach written order) _____ **Date:** _____