



Contract for Self-Carried Medication

Student: _____ Grade: _____

Medication: _____ Dose: _____ Time: _____

Special Instructions/Comments: _____

Self- carried medication is permitted IAW CCA policy which is adopted from the Department of Education policy. Student's medical provider must authorize self-carried medication. Student name must appear on the medication/container.

Nursing Staff to complete with student

Yes No

- ____ ____ Action Plan Complete
- ____ ____ Physician signature to self-carry/administer
- ____ ____ Able to recognize symptoms for administration of prescribed medication
- ____ ____ Agrees to not share medication with others
- ____ ____ Agrees to keep medication in set location
- ____ ____ Agrees to report to the Nurse's Office following self administered medicating

If self-carried medication is EpiPen®:

- ____ ____ Agrees to alert for help if allergic symptoms are present
- ____ ____ If symptoms subside after self-administration of EpiPen®, agrees to immediately notify CCA nurse

The student does/does not demonstrate the specified responsibilities. The student may carry the medication unless he/she fails to follow the above agreement. Copy to be sent to parents/guardians.

(Student/Date)

(School Nurse/Date)