



Student Agreement for Self-Carried Medication/Equipment

Student: _____ **Grade:** _____

Allergies: _____

Parent: _____ **Phone: (H)** _____

(Work or cell) _____

Licensed Health Care Provider: _____ **Phone:** _____

Medication/Treatment: _____

Dose: _____

Both student's health care provider and parent/guardian must complete the Physicians Statement of Need/Parental Request Form. Student's name must appear on inhaler/container.

RESPONSIBILITIES

I plan to keep my inhaler, equipment, and/or Epinephrine auto injector with me at school.

I agree to use my inhaler, equipment, insulin pump, blood sugar monitor and/or Epinephrine auto injector in a responsible manner, in accordance with my licensed health care provider's orders.

I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, equipment, blood sugar monitor and/or Epinephrine auto injector. If I use the medication in a manner other than as prescribed, the school may impose disciplinary action according to the school's disciplinary policy.

Student's signature: _____ Date: _____

_____ a written statement has been completed by the health care provider and is on file in VCA's health room.

_____ the student demonstrates correct use/administration.

_____ the student recognizes proper and prescribed timing for medication.

_____ The student agrees to carry medication.

_____ the student knows his/her health condition well.

_____ keeps a second labeled container in health office.

_____ the student agrees that he/she will not share medication or equipment with others.

Comments: _____

School Nurse/Health Advisor Signature: _____ Date: _____