

**Norfolk Public Schools  
Health Services**

**Contract for students keeping Epi-Pens with them while at school**

Students Name: \_\_\_\_\_

School: \_\_\_\_\_

*Note: this contract is only effective for the current school year or until rescinded by any party, whichever ever occurs first.*

**By signing below, the student and his/her parent or guardian agree to the following:**

- The student will keep his/her epi-pen with them while at school
- The student has a current Emergency Care Plan on file with the school
- The student and parent/guardian will accept the responsibility of identifying and informing appropriate persons in the classroom or sports who should be aware of the epi-pen, indications.
- The student agrees to use the Epi-pen, if needed, in a responsible manner, in accordance with the physician instructions and label directions.
- The student agrees to notify the school health office when experiencing any distress indicating the need for the Epi-pen, including but not limited to: shortness of breath, wheezing or other symptoms indicating a potentially severe reaction.
- The student and parent/guardians are aware that the school's practice is to call 911 when the Epi-pen is used.
- The student agrees to never let another person use or handle the Epi-pen, except as needed for the purpose intended.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Approval: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Teacher (s) Notification: \_\_\_\_\_

Date: \_\_\_\_\_