Pelham School District

Permission to Carry Inhaler and/or EpiPen
Contract between Student, Parent, Nurse and Physician

State law permits your child to possess and use inhalers and EpiPens at school if certain conditions are met. If your child needs an inhaler and/or EpiPen at school, please complete the information below and return to the School Nurse. If any changes occur during the year, please notify the School Nurse.

All medications brought to school must be in their original pharmacy containers (labeled with the student's name). Inhalers and/or EpiPens administered at school require a physician's written order with the information in RSA 200:42 and/or RSA 200:46, as well as written parental permission.

OPTION #1
The student comes to the health office where the inhaler and or EpiPen is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and that records will be kept. A number of students keep their inhalers in the health office and come before PE or as needed.

OPTION #2
Upon completion of the contract below, the student will be allowed to self-administer and carry his/hers inhaler and or EpiPen. The advantage being that the inhaler and or EpiPen is immediately available.

RESPONSIBILITIES FOR SELF-ADMINISTRATION AND CARRYING INHALER AND OR EPIPEN:

_____1. Parent will provide written verification from the physician that the student has the knowledge and skills to safely possess and use the inhaler and/or EpiPen.
_____2. Student agrees that if after 2 puffs there is no marked improvement, he/she will see the nurse immediately.
_____3. Student agrees that after self-administration of EpiPen the student will notify the nearest adult and immediately notify the School Nurse.
_____4. Parent will provide a second labeled medication to be kept in the health office for emergency use.
_____5. Student agrees to never share the inhaler and or EpiPen with another person.
_____6. Student agrees to follow this contract and agrees that failure to do so will lead to parent contact and development of a new plan.

Comments and added responsibilities: _____

_____ _____ _____ _____
Student Signature Date School Nurse Signature Date

I request that my child be allowed to carry his/her inhaler and or EpiPen and be responsible for its proper storage and use. I have explained to my child his/her responsibilities and my child understands and agrees to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

_____
Parent Signature Date

_____ _____
Medication Dose and Frequency of Use

_____
Physician signature Date