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

Physician signature

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:

| | written verification from ss and use the inhaler a | m the physician that the student has t | he knowledge and |
|---------------------------------|--|---|-------------------|
| | | no marked improvement, he/she will | see the nurse |
| 3. Student agrees that a | fter self-administration y notify the School N | n of EpiPen the student will notify the urse. | e nearest |
| • | | ation to be kept in the health office for and or EpiPen with another person. | or emergency use. |
| _ | low this contract and a nent of a new plan. | agrees that failure to do so will lead to | o parent |
| Student Signature | Date | School Nurse Signature | Date |
| storage and use. I have explain | ned to my child his/he | haler and or EpiPen and be responsible responsibilities and my child underst, I will be contacted and we will dev | stands and agrees |
| Parent Signature | Date | | |
| Medication | | Dose and Frequ | nency of Use |

Date