

## CONTRACT FOR STUDENTS CARRYING MEDICATIONS WITH THEM WHILE AT SCHOOL

### STUDENT

- I plan to keep my \_\_\_\_\_ with me at school rather than in the school health office.
- I agree to use my \_\_\_\_\_ in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my \_\_\_\_\_.
- I will not allow any other person to use my \_\_\_\_\_.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/GUARDIAN

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, and the date is current.
- I will review the status of the student's \_\_\_\_\_ with the student on a regular basis as agreed in the treatment plan.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL NURSE

- The above student has demonstrated correct technique for \_\_\_\_\_ use, and understanding of the physician order for time and dosages.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_