

School District of Hernando County
CONTRACT TO CARRY AND SELF-ADMINISTER
ASTHMA INHALER OR EPI-PEN, PANCREATIC ENZYMES, DIABETIC SUPPLIES

Student Name (Print)

Parent/Guardian Name (Print)

Grade

School

Name of Medication

I hereby authorize the above student to self-administer his or her inhaler / epi-pen at school or on other School District property or at any School District sponsored activity. I understand and acknowledge that the School District assumes no responsibility whatsoever for the maintenance, storage, dosage or administration of the above student's inhaler / epi-pen or diabetic supplies. I furthermore agree to indemnify and otherwise hold harmless the School Board and its employees and volunteers for any and all liability with respect to the administration of the inhaler / epi-pen by the student.

The student also agrees as follows:

1. That the student understands what the medication is for, when to use it and how often to use it;
2. That the medication is for their use alone and that they will not share it or otherwise allow it to be used by any other student(s) and that to do otherwise is a violation of the Student Code of Conduct which might subject the student to disciplinary action;
3. That the student will immediately notify an adult working for the school or school district if any other student uses his or her medication;
4. That the student will also immediately notify an adult working for the school or the school district if and when it becomes necessary for the student to self-administer the inhaler or epi-pen; and,
5. That the student will immediately go to the clinic or otherwise seek assistance if they continue to have problems after they have used his or her medication.

Date

Parent/Guardian (s) Signature

Date

Student Signature

I authorize the above student to self-administer his or her inhaler / epi-pen at school or when otherwise necessary as determined by the student.

Date

Treating Physician (Sign and Print)