

CONTRACT FOR STUDENTS CARRYING EPINEPHRINE AUTO-INJECTORS WITH THEM WHILE AT CSPM PROGRAMS

Allergy Self Carry Contract

Junior Docent Program

Junior Docent Name: _____

- I plan to keep my epinephrine auto-injector with me at the Museum.
- I agree to use my epinephrine auto-injector in a responsible manner, in accordance with my physician's orders.
- I will notify the Museum staff immediately if my epinephrine auto-injector has been used.
- I will not allow any other person to use my epinephrine auto-injector.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current Junior Docent season 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, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up epinephrine auto-injector be provided to the Museum for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.

Parent's Signature _____ Date _____

CITY YOUTH PROGRAM NURSE

- The above student has demonstrated correct technique for epinephrine auto-injector use, an understanding of the physician order for emergency use of the epinephrine auto-injector .
- Museum 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 _____

