

**Self-Administration of Emergency Medication:  
Autoinjectable Epinephrine Autoinjector  
Student Agreement**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication: Epinephrine Autoinjector

Date: \_\_\_\_\_

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me at all times.
- Let someone know, if possible, when I need to take the epinephrine or immediately after taking it.
  - Someone needs to call 911 right away.
  - An adult needs to be informed of what is happening and the school nurse needs to be contacted if during the school day.
- The school nurse will:
  - Call 911 and arrange transportation to Emergency room. (Injected epinephrine only lasts 20-30 minutes.)
  - Contact Parent/Guardian/Relative Caregiver.
  - Stay with student. Keep student quiet, monitor symptoms, until paramedics arrive.
  - Observe for severe allergic reaction, hives, wheezing, difficulty breathing, swelling (face, neck), tingling/swelling of tongue, vomiting, signs of shock, loss of consciousness.
  - Other \_\_\_\_\_
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Relative Caregiver

\_\_\_\_\_  
Date

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- Student verbalizes Dose \_\_\_\_\_
  - Student Demonstrates proper Technique
  - Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
  - Student verbalizes Safe Use
  - Parent and licensed healthcare provider permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication.

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

Modified from School Health Alert 2010