

## Cabarrus Charter Academy Student Agreement for Self-Carried Medication

**Student:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dose and Time:** \_\_\_\_\_

Medication is permitted in accordance with state laws and school policy. Both student's health care provider and parent/guardian must complete Medication Authorization Form. Student's name must appear on the medications and devices.

### Responsibilities

*I plan to keep my inhaler/equipment, Epinephrine Auto-Injector, or diabetes medication/equipment with me at school;*

*I agree to use my inhaler/equipment, Epinephrine auto-injector, or diabetes medication /equipment in a responsible manner, in accordance with my licensed health care provider's orders;*

*I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition, and*

*I will not allow any other person to use my medication or equipment.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_ Emergency Action Plan complete and on file at school

\_\_\_\_ Demonstrates correct use/administration

\_\_\_\_ Verbalizes proper and prescribed timing for medication

\_\_\_\_ Agrees to carry medication

\_\_\_\_ Can describe own health condition well

\_\_\_\_ Keeps a second labeled container in the health office

\_\_\_\_ Verbalize will not share medication or equipment with others

**Comments** \_\_\_\_\_

**School Nurse Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_