DENVER PUBLIC SCHOOLS  
Department of Nursing and Student Health Services  
2021-2022  

**CONTRACT FOR STUDENTS CARRYING/SELF ADMINISTER EPI-PENS WITH THEM WHILE AT SCHOOL**

<table>
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<th><strong>STUDENT</strong></th>
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| ● I will keep my Epi-pen with me at school at all times.  
● I agree to use my Epi-pen in a responsible manner, only as directed by my doctor/nurse practitioner.  
● I will notify the school health office immediately if my Epi-pen has been used.  
● If I lose my Epi-pen I will notify ___________ at school and he/she will notify my parents.  
● I will not allow any other person to use my Epi-pen.  

Student’s Signature: ________________________________________ Date: ____________ |

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<th><strong>PARENT/GUARDIAN</strong></th>
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| This contract is in effect for the current school year unless revoked by the physician/school nurse if 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 Epi-pen be provided to the Health Office 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.  
● I understand that I have the option to withdraw my permission for my student to carry their Epi-pen and self administration.  

Parent'/Guardian Signature: __________________________________ Date: ____________ |

| Permission Revoked: _________________________ Signature/Date : ___________________________ |

The above student has demonstrated correct techniques for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.  
● The school staff that have the need to know about the student’s condition and the need to carry medication have been notified.  

School Nurse’s Signature: ______________________ Date: ____________ |

| Permission Revoked: ____________________________ |

School Nurse’s Signature/ Date: ____________________________ |

Reason Revoked: ____________________________ |