Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

Teacher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Responsibilities and Agreements** | | |
| **School** | **Family** | **Student** |
| Epinephrine auto injector kept in:  Clinic  Main Office  Classroom  Student Book Bag  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Provides medication and supplies for school site  Pick-up and replace any expired medication  Med Name/Exp Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Med Name/Exp Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Report any allergic reactions to school staff |
| UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information  Any change in the medication regimen requires new medication authorization forms | Do not trade food with others and avoid known allergens |
| School Grounds Prevention: contact MDCPS Safety and Emergency Management for control of insects and safety of environment | Parent or designated adult, as noted on the emergency contact card, to respond to school when called | If applicable, carry epinephrine auto injector as directed by healthcare provider |
| Cafeteria to provide allergen free table and clean table with disposable paper towel and MDCPS approved cleanser after every use | If applicable, check if student is carrying epinephrine auto injector, as directed by the healthcare provider | Wear a medical identification tag or jewelry |
| Administration to contact 911/parent/guardian in case of an emergency | Pick-up any unused medication at the end of the school year | Demonstrate competence in the use of the epinephrine auto injector |
| Administration and/or security to direct EMS to the emergency |  |  |
| CPR Certified Staff:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Security/Teacher to carry school two-way radio and/or have emergency intercom access |  |  |
| Allergy Action Plan to be available to “need to know” staff |  |  |
| Assign staff to administer medication on field trips, if applicable |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/School Administration Designee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Date