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

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

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| --- |
| **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 sitePick-up and replace any expired medicationMed 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 informationAny 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 |  |  |

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 Parent/Guardian Signature Date

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

Principal/School Administration Designee Date

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

 School Nurse Date