

Allergy Self Carry Contract

Bluff Lake Program Name: _____

STUDENT : _____ **DOB:** _____

- I plan to keep my Epi-pen with me while at Bluff Lake rather than with my group leader
- I agree to use my Epi-pen in a responsible manner, in accordance with my doctor's orders.
- I will notify my group leader immediately if my Epi-pen has been used.
- I will not allow any other person to use my Epi-pen.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for one calendar year unless revoked by the physician, or 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.
- I will review the status of my child's allergy with them on a regular basis.
- I affirm that my child has demonstrated correct technique for Epi-pen use, and an understanding of the doctor's order for emergency use of the Epi-pen .
- I have provided Bluff Lake with a copy of an Allergy and Anaphylaxis Care Plan & Medication Orders, which includes the physician's signature and orders for this medication.
- I agree that if there is a case in which my child must use their Epi-Pen, Bluff Lake Nature Center staff has my permission to call 911 to request follow-up medical assistance.
- I agree that Bluff Lake Nature Center holds no liability in the event that my child has an episode that requires them to use their Epi-Pen

Guardian's Signature _____ Date _____

BLUFF LAKE EDUCATION MANAGER: _____

- I have reviewed the Allergy and Anaphylaxis Care Plan & Medication Orders provided by the parent and signed by the parent and health care provider.
- I have notified all the education staff and volunteers that have the need to know about the student's condition and medication.

Education Manager's Signature _____ Date _____