



**Canton City School District
Health Services
Epinephrine Autoinjector Self Carry Agreement**

Student Name _____ DOB _____

School _____ Grade _____ Teacher _____

Allergies _____

The Canton City School District reserves the right at any time to refuse or remove the student privilege of self-carrying a student epinephrine autoinjector due to age and maturity level, misuse, or suspicious behavior related to the safety of medication with regard to self and others.

PARENT/GUARDIAN STUDENT SELF CARRY AGREEMENT

I AGREE that my child will carry and use their medication as prescribed, that the epinephrine autoinjector will always contain medication that is not expired.

Location of autoinjector when my child is carrying it at school: _____
(REQUIRED)

My child understands when and how to use an epinephrine autoinjector appropriately.

I have been notified that the Ohio law requires a "back-up" epinephrine autoinjector, available at the designated school health clinic for emergencies (ORC 3313.718)

I understand that my child will keep their autoinjector on themselves only, not share it with any other person under any circumstance.

I AGREE to notify the school immediately if the autoinjector is lost or is used.

I AGREE that my child will contain the autoinjector at all times in a responsible manner without misuse or the school may reserve the right to place the autoinjector in the clinic in a locked area, and notify me.

The above information has been discussed with my child and he/she/they agree(s) to the above information.

Parent/Guardian Signature _____ Date _____