

Indian Hill Exempted Village School District Self Carry Agreement

Student Name: _____ Diagnosis: _____ School Year: _____

Self-carry orders on file: Y/ N Comments _____ Medication Orders on File Y/N Comments: _____

- Type of device:
- Epinephrine Auto injector
 - Adrenaclick Auto injector
 - Asthma inhaler
 - Insulin delivery device _____
 - Insulin supplies (name all) _____

Expiration Date: _____

Location of device: _____ Location of Backup device and/or supplies _____

Student agrees to carry medication/supplies on person at all times Yes/No

Student agrees to report symptoms of low blood sugar, allergic reaction or asthma symptoms and/or use of Epinephrine/inhaler to adult immediately Yes/No

Student agrees he/she will not share medication with any other student Yes/No

Student recognizes and verbally identifies triggers Yes/No

Student demonstrates correct technique with device Yes/No

Review Date:	School Year:	Grade	RN Signature	Student Signature	Parent Signature

This agreement is valid only for the current school year and must be accompanied by a signed physician order.