Brighter Horizons Academy

Parent/Guardian and Student Self-Carry Medication Responsibility Agreement

Student Self-Carry and Self-Administration Agreement

Epinephrine Auto-Injector (EpiPen) – Grades 6–12

Inhaler – Grades 3–12

Student Name: _____

Date of Birth: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Acknowledgment

I acknowledge that this agreement applies during school hours, on school property, on school buses and/or school-provided transportation, and during school-sponsored activities and field trips unless otherwise prohibited by law.

I further acknowledge that my child's licensed healthcare provider has provided written authorization permitting my child to carry and self-administer their prescribed epinephrine auto-injector (EpiPen) and/or inhaler while at school and during the activities described above.

I understand that this authorization is valid only for the current school year and must be renewed annually or whenever there is a change in my child's medication, dosage, diagnosis, or treatment plan.

I understand that it is my responsibility to provide updated medical documentation and medication to the Health Office as needed.

Parent/Guardian Responsibilities

I understand and agree that:

- My child is responsible for carrying their prescribed EpiPen and/or inhaler with them at all times while at school and during school-sponsored activities.
- My child is responsible for taking proper care of their medication and keeping it safe, secure, and protected from loss, damage, theft, or misuse.
- My child is responsible for using their medication only as prescribed by their licensed healthcare provider.
- My child understands that their EpiPen and/or inhaler is prescribed solely for their personal use and must never be shared, loaned, or given to another person.
- My child is responsible for notifying school personnel immediately after using an EpiPen and, when appropriate, after using their inhaler if symptoms persist or emergency assistance is needed.
- I am responsible for ensuring that my child's medication is properly labeled, in good working condition, and replaced before its expiration date.
- I understand that if my child loses, damages, forgets, or does not have their prescribed medication available when needed, the school cannot guarantee immediate access to or availability of my child's personal medication.
- I understand that Brighter Horizons Academy is not responsible for lost, stolen, damaged, or misplaced student-carried medications.
- I understand that if my child administers an epinephrine auto-injector at school or during a school-sponsored activity, school personnel may activate Emergency Medical Services (911) in accordance with the school's emergency response procedures.
- In the event of a medical emergency, Brighter Horizons Academy will implement its emergency response procedures, which may include contacting Emergency Medical Services (911) and notifying the parent/guardian or emergency contact.
- Parents are strongly encouraged to provide a backup epinephrine auto-injector and/or inhaler to be stored in the Health Office.
- I understand that because my child is authorized to self-carry this medication, school personnel may not be present each time the medication is used.
- I understand that because my child is authorized to self-carry and self-administer their prescribed medication, school personnel may not be immediately available at the time the medication is needed or administered.

- I understand that authorization for self-carry and self-administration does not guarantee continuous supervision, monitoring, or immediate assistance by school personnel.
- I acknowledge that Brighter Horizons Academy will make reasonable efforts to respond appropriately to my child's medical needs and implement its emergency response procedures; however, I understand that emergency situations are unpredictable and outcomes cannot be guaranteed.
- I release and hold harmless Brighter Horizons Academy, its governing board, officers, employees, volunteers, and agents from any liability arising from my child's possession, care, self-administration, loss, damage, misuse, or failure to use the prescribed EpiPen and/or inhaler, except as otherwise provided by applicable law.

Student Agreement

I understand that I have been given permission to carry my prescribed EpiPen and/or inhaler at school. I agree to:

- Carry my medication with me at all times while at school and during school-sponsored activities.
- Keep my medication safe and secure.
- Use my medication only as prescribed by my licensed healthcare provider.
- Never share, lend, or give my medication to another person.
- Notify school personnel immediately after using my EpiPen and whenever I need additional assistance after using my inhaler.
- Tell my parent/guardian and the Health Office if my medication is lost, stolen, damaged, or expired.
- Follow all requirements outlined in this agreement.

I understand that Brighter Horizons Academy reserves the right to revoke my self-carry privileges if I demonstrate an inability to safely and responsibly carry or self-administer my medication or fail to comply with the terms of this agreement.

Signatures

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____