



Nursing Assessment of Student's Readiness to Self-Carry/Self Administer Auto-Injector Epinephrine and Student Agreement

School: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Yes	No	Factors	Comment
		Required	
		The parent/guardian has provided the health room with a completed and signed medication order form.	
		The order form has been signed by an authorized prescriber and has been endorsed by the prescriber that the student may self-carry/self-administer.	
		The parent/guardian has provided back up medication for the health room.	
		The Medication that is to be carried has been verified as prescribed for the student and has a current expiration date.	
		Student	
		To Carry:	
		The student has the desire and is willing to carry the medication and can verbally agree to the necessity of carrying the medication with them at all times.	
		The student has reached an age of development and maturity sufficient to handle the responsibility of carrying the medication.	
		Student can identify the signs/symptoms of their anaphylaxis.	
		Student knows which medicine to use for the signs & symptoms.	
		To Self-Administer:	
		Student is willing and physically able to self-administer his/her medication.	
		Student can demonstrate the correct techniques for administering his/her medication.	
		Student can state the most common side effects of the medication.	
		Student can state the information that should be reported to the nurse or responsible adult: <i>If symptoms develop and if medication is used, student knows to inform the nurse or other responsible adult immediately.</i>	

