

OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

9400 Southwest Highway, Oak Lawn, Illinois 60453-2372
Telephone 708.424.5200
District Fax 708.424.5297
High School Fax 708.424.5263

Michael J. Riordan, Ed.D.
Superintendent

Joseph A. McCurdy
Assistant Superintendent/CSBO

Jeana L. Lietz, Ed.D.
Principal

Lauren B. May
Assistant Principal

Marcus J. Wargin
Assistant Principal

Michael L. Sunquist
Student Services Director

Jeremy K. Cryan
Athletic Director

CONTRACT FOR SELF-CARRIED MEDICATION

1. All students must have a **Prescribed Medication Form** completed by your physician along with parental authorization on file in the nurse's office to carry and use your inhaler/epi-pen/glucose meter during school hours.
2. The inhaler/epi-pen/glucose meter must be properly labeled by the pharmacy, with students name, medication name, prescriber name, and directions for use.
3. I agree to use my inhaler/epi-pen/glucose meter only as directed by my physician.
4. I understand that my inhaler/epi-pen/glucose meter was prescribed only for me and must not be shared with other students.
5. I agree to come directly to the nurse's office if I am experiencing any symptoms after using my inhaler/epi-pen/glucose meter. I will keep the nurse aware of frequency medication use.

I request that my child be allowed to carry his/her inhaler/epi-pen/glucose meter. I will support my child to follow the above agreement and if my child is not following the agreement, I will be contacted and a new plan will be developed.

Parent Signature: _____ Date: _____

I have read and understand the above rules for carrying my inhaler/epi-pen/glucose meter and agree to follow these rules at all times.

Student Signature: _____ Date: _____