

# OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

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**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  
**Kevin J. McKeown**  
Athletic Director  
**Kathleen A. Murphy**  
Student Services 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 student's 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 and be responsible for its proper storage and use. 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 \_\_\_\_\_