

PUPIL SELF-ADMINISTRATION OF MEDICATION

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

A student may carry and self-administer asthma inhalers and auto-injectable epinephrine medications if all of the following conditions are met (Ed Code 49423).

Physician's Authorization:
The above named student has my authorization to carry and self-administer the following:
Medication \_\_\_\_\_ Dosage \_\_\_\_\_
Reason for the prescription \_\_\_\_\_
Medication is to be used under the following conditions: \_\_\_\_\_
Due to the life threatening circumstances that could result if this individual does not have immediate access to this medication, as a physician I am requesting that this student be allowed to carry and self-administer this medication. I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own with out school personnel supervision.
Physician's Name: (Print Please) \_\_\_\_\_ Phone: \_\_\_\_\_
Physician's Address: \_\_\_\_\_
Physician's Signature \_\_\_\_\_

Parent/Guardian Authorization:
I confirm that this student has been instructed by his doctor on the proper use of this medication. He has demonstrated to me that he understands the proper use of this medication. He is physically, mentally and behaviorally capable to assume this responsibility. He has my permission to self medicate if needed. If he has used an auto-injectable epinephrine, he understands that he needs to alert an adult that an emergency medical technician needs to be called. If he has used his asthma inhaler as prescribed and does not have relief from an asthma attack he is to alert an adult.
I give permission for the district nurse or other designated school personnel to consult with the doctor regarding any questions about this authorization. I also release the school district and school personnel from civil liability if the pupil suffers any adverse reaction from self medicating.
Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

For this Authorization to be valid, the parent and student must have read and signed the discipline section on the back of this form.

**Discipline Clause**

It is vitally important that the medication being carried by the student is used only by the authorized student, and as prescribed by the student's physician. If the student knowingly uses the medication other than as prescribed or for purposes other than the diagnosed illness, or should the child knowingly give the medication to another student; the authorized student will be subject to disciplinary measures up to and including suspension and/or expulsion from school. Should the authorized child lose their medication or have someone take it from them, the child must report this to the school office immediately. Failure to report could leave the child subject to disciplinary measures up to and including suspension from school.

My signature below indicates that I have read and understand this contract, and that I realize this authorization is for this school year only.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature