

VACAVILLE UNIFIED SCHOOL DISTRICT
STUDENT MEDICATION SELF-ADMINISTRATION

Student Name: _____ Birth date _____

MR # _____

School: _____ Grade: _____

TO BE COMPLETED BY HEALTHCARE PROVIDER:

Due to life threatening circumstances that could result if this student does not have immediate access to this medication or due to the nature of this medication and urgency of its use, I am requesting that this student be allowed to carry and self-administer this medication: _____

I confirm that:

The above named student has been instructed and understands the purpose, appropriate method, safety and standard precautions and frequency for use of this inhaler or auto-injectable epinephrine. Student is competent in self-administering his/her medication.

Healthcare Provider's Signature: _____ Date: _____

Healthcare Provider's Name (Print): _____ Phone: _____

Address: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

- I permit my child to carry and self-administer (California Education Code 49423 and 49423.1) the inhaler or auto-injectable epinephrine as ordered by his/her physician.
- If my child uses the inhaler or auto-injectable epinephrine as prescribed and does not have relief from symptoms, he/she will immediately report this to school staff.
- I understand that sharing medication with other students will result in disciplinary action.
- I release the school district and school personnel from civil liability if my child suffers an adverse reaction as a result of self-medicating.

I will provide an extra inhaler or auto-injectable epinephrine for the school to keep in the office in the event my child forgets to carry or loses his medication. yes _____ no _____

Parent/Guardian signature: _____ Date: _____

Student Signature: _____ Date: _____

THIS FORM MUST BE COMPLETED IN ADDITION TO THE
AUTHORIZATION FOR MEDICATION REQUIRED DURING SCHOOL HOURS FORM

This form must be renewed whenever the prescription changes and at least once a year.