



AUTHORIZATION TO CARRY AND SELF-ADMINISTER MEDICATION

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

In accordance with California Education Code section 49423, in order for a pupil to carry and self-administer prescription inhaled asthma medication or auto-injectable epinephrine, the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

Health Care Provider Statement

The above-named student has permission to carry and self-administer the following medication:

- prescription inhaled asthma medication prescription auto-injectable epinephrine

Name of Medication	Method of Administration	Dosage	Time to be Given	Frequency

I confirm that the student is able to safely carry and self-administer this medication.

Health Care Provider Name: _____	Signature: _____	Date: _____
License No: _____	NPI No: _____	Office Tel: _____ Fax No: _____

Parent/Guardian Statement

I request the above named student to carry and self-administer the above medication while at school. In making this request, I understand that there is potential risk of misuse of this medication by my child or by another student and I release La Mesa-Spring Valley School District and school personnel from civil liability if the student suffers an adverse reaction as a result of self-administration of this medication.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Declaración del padre (madre)/tutor legal

Solicito que el estudiante arriba mencionado lleve y se auto-administre el medicamento arriba mencionado mientras esté en la escuela. Al hacer esta solicitud, entiendo que hay un riesgo potencial de mal uso de este medicamento por mi hijo(a) o por otro estudiante y libero al Distrito Escolar de La Mesa-Spring Valley y al personal de la escuela de la responsabilidad civil si el estudiante sufre una reacción adversa como resultado de la auto-administración de este medicamento.

Firma del padre (madre)/tutor legal: _____ Fecha: _____

Nombre del padre (madre)/tutor legal (en letra de molde): _____