

**SANTA CLARA UNIFIED SCHOOL DISTRICT
 AUTHORIZATION FOR STUDENT TO CARRY & SELF-ADMINISTER
 MEDICATION IN SCHOOL FORM**



Student _____ DOB _____
 School _____ Grade _____ Teacher _____

PARENT AGREEMENT:

I permit my child to carry and self-administer medication according to the authorized health care provider's written statement below. I agree that my child has been trained and is competent to carry and self-administer this medication. My child has been instructed to inform school personnel of any problems with medication or supplies or when he/she needs assistance. I release Santa Clara Unified School District and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication. I understand that any act of inappropriate behavior with regard to self-administration of medication, such as sharing medications with peers or not adhering to universal precautions, may result in the school administrator revoking the privilege of self-administration. I understand that I must inform the school of any changes in the medication plan along with new orders and that new medication forms must be renewed annually.

Parent/guardian signature* _____ Date _____

**Signature authorizes communication between the school nurse and prescribing provider regarding the prescribed medication or over-the-counter product, if necessary.*

TO BE COMPLETED BY PHYSICIAN

This student must carry this emergency or otherwise necessary medication on his/her person. This student has been instructed in the proper administration of this medication, appropriate dosage, possible side-effects and is competent to safely self-administer this medication according to the conditions indicated below.

MEDICATION _____ DOSE _____

TIME/FREQUENCY _____ ROUTE _____

REASON FOR MEDICATION _____

Medication will continue for _____ days or until _____

Observable adverse reactions that might be seen at school: _____

Physician signature _____ Date _____

Physician name (stamp or print) _____ Phone _____

Address: _____ Fax _____