



**NEWPORT-MESA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES**



**AUTHORIZATION FOR STUDENT TO CARRY MEDICATION  
ON HIS/HER PERSON**  
**PRESCRIPTION AND NON-PRESCRIPTION**

Student Name: \_\_\_\_\_ has been instructed in the proper use of the following Medication, Inhaler, or Epi-Pen \_\_\_\_\_  
\_\_\_\_\_. The student's well being is in jeopardy unless this Medication, Inhaler, or Epi-Pen is carried on his/her person; therefore, we request that he/she be permitted to carry it. He/she understands the purpose, appropriate method, and frequency of use of this Medication, Inhaler, or Epi-Pen.

**TO BE COMPLETED BY A LICENSED PHYSICIAN:**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician's Address

=====

**TO BE COMPLETED BY PARENT:**

I permit my student to carry the above listed Medication, Inhaler, or Epi-Pen as ordered by his/her physician. I understand that sharing medication with other students could result in disciplinary action. I also understand that school personnel are unable to monitor the frequency or method of usage of Medication, Inhalers, or Epi-Pens when they are carried by the student.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED IN ADDITION TO THE  
SCHOOL MEDICATION AUTHORIZATION FORM**