



**NORWALK - LA MIRADA UNIFIED SCHOOL DISTRICT**

12820 Pioneer Blvd., Norwalk, CA 90650-2894

(562) 868-0431

**SELF-ADMINISTRATION OF PRESCRIBED MEDICATION**

\_\_\_\_\_ School \_\_\_\_\_ Date

Student Name: \_\_\_\_\_  
Last First MI D.O.B.

Dear Doctor,

The parents of the above named student have advised us of your request to have their son/daughter carry medication on his/her person to use in an emergency situation.

State law and school board policy requires all medication administered during the school day be stored in the office and administered with assistance, only when the physician and parent's forms are on file. If, in your opinion, this student's medical condition requires immediate prescribed medication and the student's well-being is in jeopardy unless the medication is carried on his/her person, the statement below needs to be signed by you.

Thank you.

\_\_\_\_\_ is under my care for \_\_\_\_\_  
Student's Name Condition

His/Her condition warrants immediate use of \_\_\_\_\_  
Name of Medication

and is required to carry this medication on his/her person. This student has demonstrated knowledge of correct dosage, frequency, and usage. Medication is to be used by the above student as followed:

\_\_\_\_\_ Dosage \_\_\_\_\_ Time/Frequency \_\_\_\_\_ Start/Stop Dates

\_\_\_\_\_ Print Name of Physician \_\_\_\_\_ Physician's Signature

\_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date

We the parents of \_\_\_\_\_ desire \_\_\_\_\_ to comply with the  
Student's Name School  
orders of the above physician. WE ASSUME ALL RESPONSIBILITY AND LIABILITY for the above medication and equipment when it is brought on campus by our son/daughter.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date