Parent Request
For Assistance with Medication at School

B. The parent or guardian must complete this page before any medication (prescription or over-the-counter) can be given or taken at school. **Signature of a parent or guardian is required. This form must be renewed each school year or with any change in medication.**

Student Name: _____ Date of Birth: _____

Parent Request for School Assistance with Medication
I understand that school district regulations require student medication to be maintained in a secure place under the direction of an adult employee of the school district and not carried on the person of a student (with the exception of asthma inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions.) A. **I hereby request that the staff of my child's school assist in giving medication** to my child during school hours as stated in the physician instructions. I the undersigned give consent to the health office staff to contact the physician for clarification on these orders only. Parent or Guardian Signature: _____ Date: _____ Phone: _____ B. **For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTOR *SELF-CARRY* requests only:** I hereby request that my student carry and self-administer his/her asthma inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I the undersigned give consent to the health office staff to contact physician for clarification on these orders only Parent or Guardian Signature: _____ Date: _____ Phone: _____

Student Contract - Asthma Inhalers and Epinephrine Auto-Injectors Only

I agree to keep my medication in a safe and secure place such as on my person at all times. I agree I will NEVER share my medication with another student. If I am using my inhaler more than once a day or several times a week I will speak with the school nurse.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date:_____

All medication orders will be automatically <u>discontinued</u> at the end of the school year. New orders are required each school year.

For UUSD office staff use only:
Medication_____
Date of Order __/__/_____

California Education Code section 49423 © A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.