



# LITTLE LAKE CITY SCHOOL DISTRICT

10515 S. Pioneer Blvd., Santa Fe Springs, CA 90670 (562) 868-8241

## MEDICATION AUTHORIZATION

### SELF CARRY/SELF ADMINISTRATION OF EPI-PEN AT SCHOOL

Little Lake City School District’s standard procedure is that all medication administered during the school day is to be stored in a locked cabinet in the school health office. If this student’s medical condition requires immediate administration of prescribed medication and the student’s well being is in jeopardy unless the medicine is carried on his/her person, the statement below needs to be signed.

Ed Code 49423. (2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), *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 auto-injectable epinephrine, 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 as a result of self-administering medication pursuant to this paragraph.**

STUDENT’S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**Due to the severity of the allergy, it is requested that the student be permitted to carry Epi-pen Auto Injector. This student has been instructed in and has demonstrated knowledge of the correct dosage and usage of the Epi-pen and its safe handling. We understand that the student will be solely responsible for the self-administration of the medication without any supervision.**

Failure to follow the physician’s or school’s directions and endangering himself/herself or others will result in this privilege being revoked. (Medication will be stored in the office.) If the school becomes aware of any unsafe medication related practices, the parent will be contacted.

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

**This form must be completed for any student who requests permission to carry his/her own medication on campus in addition to the “Authorization for Administering Medication Form” (Med-A).**



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## AUTHORIZACION PARA MEDICAMENTO

### EPI-PEN AUTO-ADMINISTRADO EN LA ESCUELA

El procedimiento estandar del Distrito Escolar de Little Lake City es que todo medicamento administrado durante el dia escolar sea guardado en un gabinete con llave en la oficina de salud de la escuela. Si la condicion medica de este estudiante requiere la admistracion inmediata del medicamento recetado y si el bienestar del estudiante esta en riesgo a menos que cargue el medicina con el/ella, entonces necesita firmar la siguiente declaracion.

Ed Code 49423. (2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), ***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 auto-injectable epinephrine, ***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 as a result of self-administering medication pursuant to this paragraph.**

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_ FECHA DE NAC: \_\_\_\_\_

**Debido a la severidad de la alergia es necesario que se permita al estudiante que cargue un Epi-pen Auto Injector. Este estudiante ha sido instruido y ha demostrado conocimiento de la dosis y el uso correcto del Epi-pen y su manejo seguro. Entendemos que solamente el estudiante es responsable de la auto-administracion del medicamento sin ninguna supervisión o documentación de la dosis o frecuencia.**

**Si se falla al seguir las direcciones del medico o de la escuela y si pone en peligro a si mismo o a otros, el resultado sera la revocacion de este privilegio. (El medicamento se guardara en la oficina). Si la escuela es enterada de cualesquiera practicas relacionadas medicacion insegura, entraran en contacto con al padre.**

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

Esta forma debe ser llenada para cualquier estudiante que solicite permiso para cargar su propio inhalador en el campo escolar o para guardarlo en su casillero además de la “Forma de Autorización para Administrar Medicamento” (Med-A)