EL RANCHO UNIFIED SCHOOL DISTRICT
STUDENT SERVICES

AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION AUTO-INJECTABLE EPINEPHRINE OR INHALED ASTHMA MEDICATION AT SCHOOL

California Education Code, Section 49423/49423.1 may allow a student to carry and **self-administer** prescribed auto-injectable epinephrine or inhaled asthma medication during the school day.

STUDENT NAME _____ BIRTHDATE _____ SEX _____

SCHOOL _____ GRADE _____ CLASS _____

SECTION TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER LICENSED BY STATE OF CALIFORNIA

Diagnosis _____

Medication _____

Dose Form _____ Amount _____ Time _____

Method of administration _____ Administer until _____

Specify symptoms necessitating administration of medication _____

Precautions or adverse side effects _____

_____

The above named student must take this medication during school hours. I confirm that the pupil is able to self-administer prescribed auto-injectable epinephrine or inhaled asthma medication.

Print Health Care Provider _____

Health Care Provider Signature _____

Address _____

_____

Phone _____

SECTION TO COMPLETED BY PARENT/GUARDIAN

In order to enable self-administration with medication, the parent/guardian must provide the Authorization to Self-Administer Prescribed Auto-Injectable Epinephrine or Inhaled Asthma Medication at School. The Authorization to Self-Administer Prescribed Auto-Injectable Epinephrine or Inhaled Asthma Medication at School must be updated annually, when there is a new prescription or changes in the prescription.
Medication must be carried in an original container properly labeled by the pharmacy. Parent/guardian must provide all necessary supplies and equipment required for self-administration of prescribed auto-injectable epinephrine or inhaled asthma medication.
I consent to the self-administration of prescribed auto-injectable epinephrine or inhaled asthma medication at school and I release the district and school personnel from the civil liability if my child suffers an adverse reaction as a result of self-administering the medication. I authorize designated staff to communicate with the Health Care Provider/Pharmacist, as may be necessary, regarding question that may arise with the authorized Health Care Provider's written statement or medication. I may terminate the Authorization to Self-Administer Prescribed Auto-Injectable Epinephrine or Inhaled Asthma Medication at School at anytime.

Parent/Guardian Signature _____ Date _____

Primary Phone _____ Other Phone _____

Reviewed 10/2015

Distribution: Medication Envelope, Health Folder, Parent