

**SOUTH PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES**

**Addendum to Medication Consent Form  
For Students Who Are Authorized to Self-Carry Medication**

**Student Agreement and Signature:**

I, \_\_\_\_\_ agree I will

- never allow another student to use my medication
- use my medication exactly as I have been trained to do by my physician
- check to make sure that the emergency medication I am carrying is labeled with my name
- be aware of the expiration date of my medication and replace it before it has expired
- keep my medication with me at all times and take it with me to all activities and off campus events
- report to the Teacher, Health Office, Coach, and/or Administration if I come in contact with my triggers/allergens and need to use my medication
- go to the Health Office, accompanied by someone, when I have used my EpiPen or if I have used my inhaler more than once
- as best as possible avoid exposure to risks to my health and safety (for example, I will not eat items whose ingredients I do not know, I will stay away from bees or stinging insects if I am allergic to them, etc.)
- follow school policy and my medical provider's instructions and directives on my emergency plan of care

**Student Signature:**

\_\_\_\_\_ Date \_\_\_\_\_