

Sonoma County
School Nurse Services

Authorization for Assisting Self Administration of Medication
(includes inhalers, prescriptions, homeopathic, OTC, etc.)

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for her/him by a physician when the school district receives the following:

1. A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
2. A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in appropriately labeled prescription container or the original over-the-counter container.
4. This release is valid only for the current school year.
5. Please keep the school adequately supplied with the student's medication.
6. Any medication remaining at the end of the school year must be picked up by the parent or it will be discarded.

Student's name: _____ Date: _____

School: _____ Grade: _____ D.O.B. _____

The following medication has been prescribed for the student named above.

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

Time: _____ Time: _____

Location of Medication: _____ Location of Medication: _____

Side Effects: _____ Side Effects: _____

Please indicate if child is allowed to carry and has been trained to self administer emergency medication such as an Inhaler or Epi-Pen: Yes _____ No _____

Physician Name: _____

Physician Signature: _____ Date: _____

- I will supply the medication in an original, labeled container.
- I hereby give permission for trained school personnel to assist the child in taking medication as noted above.
- I hereby give permission for the above named physician to exchange medical information about my child with the credentialed school nurse.

Parent/Guardian Signature: _____ Date: _____