



**CONTRACT FOR SELF-CARRY MEDICATION AT SCHOOL**

\_\_\_\_\_ has been instructed in the proper dosage  
(Student's name)

and administration of \_\_\_\_\_  
(Name of Medication) (Dose) (Route) (Time)

This medication is prescribed for \_\_\_\_\_.

The school should be aware of the following side effects \_\_\_\_\_.

We, \_\_\_\_\_ and \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Physician)

request that the student be permitted to carry his/her inhaler, epipen, and/or glucagon on his/her person and self-administer it as directed by our physician, and in compliance with District policy and procedures.

I am the Parent or Guardian of the above student, and have lawful custody of said child. I hereby give consent to appropriate district personnel to administer or assist in administering, or allow my child to self-administer an inhaler, epipen, and/or glucagon as specified by the attached doctor's orders. I release the school district and school personnel from civil liability if the self-administering pupil suffers and adverse reaction as a result of self-administering medication pursuant to this paragraph.

**This form MUST be signed by BOTH physician and parent**

\_\_\_\_\_  
(Signature of Parent/Guardian) Date

I am a PHYSICIAN actively licensed by the State of California and I authorize the above specified self-medication/treatment.

\_\_\_\_\_  
(Signature of Doctor) Date Telephone

I agree to use the medication appropriately and as directed by my doctor. If I do not, I will lose the privilege of self-carrying my medication.

\_\_\_\_\_  
(Signature of Student) Date

Reviewed by CRPUSD District Nurse

\_\_\_\_\_  
(Signature of District Nurse) Date

**PLEASE NOTE: It is the parents'/guardians' responsibility to see that this form is updated on a yearly basis or more often as needed should a child's medication/treatment change. It is the parents'/guardians' responsibility to pick-up medication at the end of the school year.**