



COTATI-ROHNERT PARK
UNIFIED SCHOOL DISTRICT

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

(please attach with "Authorization for Adminstrating Medication" form)

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

and administration of _____
(Name of Medication)

We, _____ and _____
(Name of Parent/Guardian) (Name of Physician)

request that the student be permitted to carry his/her inhaler, epipen, and/or glucometer 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 glucometer as specified by the attached doctor's orders.

(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

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

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.