Parent Request For Assistance with Medication at School

Student Name:	Date of Birth:		
Parent Request for S	School Assistance with N	dedication	
I understand that school district regulations require st direction of an adult employee of the school district a asthma inhalers and epinephrine auto-injectors accor	nd not carried on the perso	on of a student (with the exception of	
A. I hereby request that the staff of my child's sch as stated in the physician instructions. I also give per information as needed.			
Parent or Guardian Signature:	Date:	Phone:	_
B. For ASTHMA INHALER/EPINEPHRINE AUTO-IN student carry and self-administer his/her asthma inhat the rules and responsibilities of carrying his/her medicalso give permission to contact the physician for consequent or Guardian Signature:	ller or auto-injector. I undecation, he/she will lose the sultation and exchange of	erstand that if my student does not follow privilege of carrying such medication. Information as needed.	N
Student Contract - Asthma Inf	nalers and Epinephrine A	auto-Injectors Only	
I agree to keep my medication in a safe and secure plamy medication with another student. If I am using my with the school nurse.		_	
Student Signature:	Date:	· · · · · · · · · · · · · · · · · · ·	
Parent/Guardian Signature:	Date:		
All medication orders will be automatically <u>discontinued</u> year.	<u>l</u> at the end of the school ye	ear. New orders are required each schoo	I

California Education Code section 49423 © A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.