



**REQUEST FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL  
(Only for Epi-Pen and Metered Dose Inhaler)**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER**

<u>Medication 1</u>	<u>Medication 2</u>
Medication name: _____	Medication name: _____
Reason for Medication: _____	Reason for Medication: _____
Dose: _____	Dose: _____
Method of Administration: _____	Method of Administration: _____
Time of Administration: _____	Time of Administration: _____
<b>Start:</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____	<b>Start:</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____
<b>Stop:</b> <input type="checkbox"/> End of Year _____ <input type="checkbox"/> Other Date/Duration _____	<b>Stop:</b> <input type="checkbox"/> End of Year _____ <input type="checkbox"/> Other Date/Duration _____
<input type="checkbox"/> For episodic/emergency events only	<input type="checkbox"/> For episodic/emergency events only
Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, please describe: _____	Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, please describe: _____
Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None	Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None
<b><u>This is student is both capable and responsible for self administering auto-injectable epinephrine or inhaled asthma medication</u></b>	<b><u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u></b>
<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No	<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No
This student may carry medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	This student may carry medication: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any additional information	Please indicate any additional information

Health Care Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

**CONSENT  
FOR SELF-ADMINISTRATION OF MEDICATION  
RELEASE OF MEDICAL INFORMATION AND RELEASE OF LIABILITY**

I hereby consent for my child, \_\_\_\_\_ to self-administer the following medication during the regular school day or when attending school related activities:

Auto-injectable epinephrine                       Inhaled asthma medication

I also consent to disclose identifiable health information by the health care provider to the school nurse or other personnel designated by Modesto City School District.

I acknowledge that I have an obligation to notify the school if my child's medication, dosage, frequency of administration or reason for administration changes during school year.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue the District, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_ Reviewed by School Nurse

(Signature) \_\_\_\_\_

Asthma Contract attached

Date \_\_\_\_\_ Reviewed by Principal

(Signature) \_\_\_\_\_

This request **MUST** be updated annually and medication claimed within one week beyond the end of the school year.

# SCHOOL INHALER PROCEDURES

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Grade) (Teacher)

\_\_\_\_\_  
(Health Care Provider)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Name of Medication)

\_\_\_\_\_  
(Dosage)

\_\_\_\_\_  
(Time to be administered)

Medication must be dispensed per procedures described on the Administration of Medication at School form. Inhaler must be labeled with the student's name.

## Responsibilities for carrying respiratory inhalers:

**Observed**  
**YES NO**

\_\_\_\_\_  
\_\_\_\_\_  
"Parent Request for Administration of Medication" form has been returned to school.

\_\_\_\_\_  
\_\_\_\_\_  
Student demonstrates correct use of inhaler.

\_\_\_\_\_  
\_\_\_\_\_  
Student agrees not to share inhaler with other students.

\_\_\_\_\_  
\_\_\_\_\_  
Student agrees to carry inhaler with him/her at all times.

\_\_\_\_\_  
\_\_\_\_\_  
Parent has provided a second inhaler to be kept in the Health Office.  
If a second inhaler is not provided and student needs medication, the district will contact Emergency Services (911).

\_\_\_\_\_  
\_\_\_\_\_  
Student agrees to come to the Nurse's /School office if he/she continues to have difficulty breathing, wheezing, or experiencing chest tightness after using their inhaler.

\_\_\_\_\_  
(Student Signature and Date)

\_\_\_\_\_  
(School Nurse Signature and Date)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
MY CHILD WILL BE RESPONSIBLE FOR CARRYING THIS RESPIRATORY INHALER DURING SCHOOL HOURS AND WILL SELF-ADMINISTER HIS/HER MEDICATION AS NEEDED. MY CHILD AGREES TO FOLLOW THE DISTRICT'S PROCEDURES REGARDING THE ADMINISTRATION OF THIS MEDICATION.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

**California Code of Regulations, Title 5. Education**  
**Article 4.1. Administering Medication to Pupils or Otherwise Assisting**  
**Pupils in the Administration of Medication During the Regular School Day**

**§600. Authorization**

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) the pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC. 49423.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

Section 49423.1 is added to the Education Code, to read:

**CEC. 49423.1.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

Sec. 2. This act shall become operative only if Senate Bill 1912 of the 2003-04 Regular Session is enacted and becomes effective on or before January 1, 2005.

