

Sonoma County  
School Nurse Services

Authorization for Assisting Self Administration of Medication

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, the amount, and the 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 in 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 \_\_\_\_\_ DOB \_\_\_\_\_

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 & has been trained to self administer emergency medication such as an Inhaler or Epi-Pen. Yes \_\_\_\_\_ No \_\_\_\_\_**

Physicians name \_\_\_\_\_

Physician's signature \_\_\_\_\_

I will supply the medication in an original, labeled container.

I will 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 \_\_\_\_\_

Return completed form to Rita Conway-O'Neill EMT/Health Tech Fax # 707.887.0448  
El Molino High School 7050 Covey Road Forestville, CA. 95436-9638