



Livermore Valley Joint Unified School District

CONTRACT TO CARRY AND SELF ADMINISTER MEDICATIONS

Pursuant to Education Code Section 49423(b)(2) I authorize my student to carry and self-administer the life-sustaining medication(s) indicated below.

Student: _____ Grade/Teacher: _____ DOB: _____
Parent(s): _____ Contact Phone Number(s): _____ School: _____

I. Medication(s) Prescribed by the Authorized Medical Provider:

Inhaler: _____ Epi-Pen: _____ Glucagon/Baqsimi: _____ Insulin: _____

Instructions for Use: _____

The above named student is under my care and needs to carry this medication with him/her while at school. I agree that the student is capable of self-administration and is able to manage this medication responsibly.

Name of Authorized Medical Provider: _____ Phone/fax # _____

Address or stamp:

Signature of the provider: _____ Date: _____

II. Student Agreement (both student and parent initial next to each statement below):

____ This medication will be with me at all times (backpack, pocket, purse, etc...), including off campus events.

____ I will not share this medication with anyone.

____ I will alert the teacher/coach when I have used my medication.

____ I will come to the office if I need my medication more than once in a day.

____ Other:

Student Signature: _____ Date: _____

III. Parent Agreement:

I request that my child be allowed to carry and self-administer his/her prescribed medication(s) as recommended by the authorized medical provider. I understand that it is my responsibility to notify the school if my child's health status changes. Changes in medication dosages or procedures must be received in writing from the authorized medical provider. I give my consent for the school nurse or designated school personnel to consult with the above provider regarding questions that may arise with regard to the above medication/medical condition. My signature below also permits the distribution of my student's health history and school picture to those deemed necessary for his or her care during school hours.

Parent or Guardian Signature: _____ Date: _____