Pleasanton Unified School District

School: _____ Phone: _____ Fax: _____

RE: CONTRACT TO CARRY LIFE-SUSTAINING MEDICATION AT SCHOOL FORM

Dear Parent/Guardian:

Parents of students who need to carry life sustaining medication during the school day must have a **CONTRACT TO CARRY LIFE-SUSTAINING MEDICATION AT SCHOOL** form on file in the school office. Students should also carry a copy of the form while on campus.

This form must be completely filled out each school year and signed by the parent/guardian and the child's health care provider before the student can carry and administer the medication at the school site. The authorized health care provider must be licensed in California.

It is the parent/guardian's responsibility to provide the school site with all necessary information and special instructions in writing related to the medication. The parent/guardian must immediately notify the school in writing of any changes in the child's regimen or authorizing health care provider. It is also the child's responsibility to follow the health care provider's recommendations and instructions related to taking the medication.

In signing the **CONTRACT TO CARRY LIFE-SUSTAINING MEDICATION AT SCHOOL,** the parent/guardian gives permission to the district nurse or other designated school personnel to communicate with the health care provider and /or pharmacist of the pupil regarding any questions that may arise with regard to the medication.

Medications other than inhalers, Epinephrine auto injectors and diabetic supplies require authorization by the school district nurse.

If you have any questions, please contact the school office.

Pleasanton Unified School District

School: _____ Phone: _____ Fax: _____

CONTRACT TO CARRY LIFE-SUSTAINING MEDICATION AT SCHOOL

Student's Name _____ **Date of Birth** _____ **ID #** _____ **Grade** ____

Home Phone _____ **Parent's Work/Cell Phone** _____

I. Medication Prescribed by the Authorized Health Care Provider: Check One and Complete Information Below

☐ Inhaler ☐ EpiPen ☐ Other: *Requires District Nurse Approval*

Name of Medication	Dosage	Route	Schedule or Time

Purpose of Medication	Duration	Special Instructions

The 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.

Medical Office Stamp

_____
Health Care Provider's Signature

_____
Date

II. Student agreements:

- I understand that I am to keep this medication and/or equipment, with this contract on my person (pocket, purse, backpack, fanny pack) at all times.
- I will not share this medication or equipment with anyone under any circumstances.
- I will alert the teacher /coach that I am having problem/symptoms. Assistance may be needed if my symptoms persist or get worse after the first dose of medication.
- I will notify the Health Office if I need to use my inhaler more than once during a school day.
- I will follow my Asthma Action Plan, ISHP or other health plan on file in the Health Office.
- I will renew this request every school year; I will make sure my coach knows these orders.
- I understand that non-compliance may result in a change in this plan. If I fail to have the medication (i.e.: a rescue inhaler) I may have to provide a back-up supply for the Health Office.

☐ Other: _____

Student's Signature: _____ Date: _____

III. Parent agreements:

This signifies that I give permission for my child to carry this medication and/or equipment. I agree to the above conditions and will make certain that my child takes responsibility for taking the medication as prescribed. I also agree that the school district, its officers, employees and agents shall not be held liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts related to the self-administered medication by my child.

I am providing a back-up medication or inhaler for the Health Office as well. ☐ YES ☐ NO

Parent's Signature: _____ Date: _____

Reviewed by _____ Date: _____ ☐ District Nurse ☐ Site Administrator