

Campbell Union School District  
Health Services

**PERMISSION TO CARRY AND SELF-ADMINISTER MEDICATIONS ON CAMPUS**

\_\_\_\_\_ has been instructed in use of \_\_\_\_\_  
Student's Name Name of Medication

We, \_\_\_\_\_ and \_\_\_\_\_,  
Licensed Health Care Provider (please print) Parent/Guardian (please print)

request this student be permitted to self-administer this medication and to carry it on his/her person or to keep it in his/her locker or PE locker. This medication is for an existing medical condition that requires frequent monitoring, testing or treatment. The student has been trained and understands the purpose of the medication and the appropriate method, frequency, dosage and use of this medication. In addition, this student has been trained to observe universal precautions in handling blood or body fluids, if appropriate for this medication, testing, or treatment.

We, the undersigned, release Campbell Union School District and its employees of any and all liability resulting from this student's possession and self-administration of this medication. We acknowledge that the District assumes no supervisory responsibility over the student's self-administration of the above-listed medication. We also understand this permission may be revoked by the school district if the student does not follow Universal Precautions, is observed misusing the medication, or if having the student carry this medication on campus creates an unsafe situation for students, staff, or visitors to the school campus.

This form must be completed in addition to the routine *School Medication Administration: Physician/Parent Authorization* form and must be renewed each school year.

I give permission for the authorized district representative to communicate directly with my child's health care provider, as may be necessary, regarding the health care provider's written statement or any other questions about the medication.

\_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Physician Telephone

\_\_\_\_\_  
Parent Daytime Telephone

Date Received by CUSD \_\_\_\_\_  
4/2016