

PARENT REQUEST

for Pupil to Self Administer Prescribed Medication(s) for Asthma and Anaphylaxis

Current School Year	<input type="text"/>		
Pupil Name	<input type="text"/>	Medical Condition:	<input type="checkbox"/> Asthma
			<input type="checkbox"/> Anaphylaxis
Parent/Guardian	<input type="text"/>	Phone Number	<input type="text"/>
Physician	<input type="text"/>	Phone Number	<input type="text"/>
Prescribed Medication and Dosage	<input type="text"/>		

TREATMENT PLAN pursuant to which pupil will manage his/her asthma attack or anaphylaxis shock while on the grounds of a public school, activity sponsored by the public school or on a school bus:

Authorization is valid for the current school term only, regardless of date of inception.

PHYSICIAN'S SIGNATURE verifies the pupil is capable of self-administration of prescribed medication while on the grounds of a public school, activity sponsored by the public school or on a school bus.

AB 182 specifies that the board of trustees of the school district, the school district and the public school in which the pupil is enrolled, and any employee are immune from liability for the injury to or death of the pupil as a result of self-administration of a medication or the failure of the pupil to self-administer such a medication.

Physician's Signature	<input type="text"/>	Date	<input type="text"/>
Parent's/Guardian's Signature	<input type="text"/>	Date	<input type="text"/>