

PUPIL AUTHORIZATION FORM

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

Pupil Name

Medical Condition

Parent/Guardian

Phone Number(s)

Physician

Phone Number

Prescribed
Medication
and Dosage

Duration of Prescription

Circumstances or
time(s) for self-
administration

Possible side
effects of
medication

Medical Emergency Contact

Phone

Additional medication stored on school premises in secure location:

Yes

No

Signature of Principal/Nurse

Date

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.