



STUDENT SERVICES
Services

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REQUEST FOR STUDENT TO CARRY MEDICATION IN SCHOOL

Administrative Statement:

It is the policy of the Palo Alto Unified School District to prohibit students carrying medications while at school or to and from school. (Exceptions will be made when the **physician believes that a life-threatening situation could result if the student does not have immediate access to the medication.**)

Written Statement from Physician:

Student's Name: _____ Date of Birth: _____

Student must carry _____ with her/him at all times at school due to the
(medication name)

following medical condition: _____

Possible reactions and interventions: _____

Dosage

Time(s) to be Taken

To be Continued Until (Date)

This condition is such that there is inadequate time for the student to go to the office to obtain the medicine. I have instructed the student in the proper administration of this medication and have certified that he/she needs no adult supervision. I have further instructed the student in the dangers of giving the medication to anyone other than herself/himself. I have discussed the above-stated risks and liabilities with the parent.

Physician's Signature: _____

Physician's Name: _____ **Address:** _____

Phone: _____ **Date of Request:** _____

I am aware of the risk to my child and other children and assume responsibility for any liability related to the misuse of this medication by my child or by other children.

Parent Signature: _____ **Date:** _____

STUDENT CONTRACT FOR CARRYING MEDICATION

I, _____, request that I be allowed to carry my medication at school and agree to the following:

1. I will keep my medication in my backpack, pocket, or "fanny" pack at all times except when I am using the medication.
2. I will not show to or allow another student to handle my medication.
3. I will use the medication in the exact way I have been instructed by my physician.
4. If I note that my medication is missing or if another student takes my medication from me, I will immediately report this to the principal or school secretary.

(Student Signature)

(Date)

(School Fax No.)

