



Los Gatos-Saratoga High School District
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GOVERNING BOARD
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Authorization to Carry Medication

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who is required to carry medication for emergency use of

Epinephrine Auto Injectors, Asthma Rescue Medications, OR to carry equipment/medication for Diabetic Care.

Student Information:

Last Name	First Name	DOB	Grade

School Name	School Phone number	School Fax	School Nurse (if applicable)

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER:

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a])

DRUG: _____ DOSE: _____ AMOUNT: _____ TIME: _____

ROUTE: _____

OBSERVABLE ADVERSE REACTIONS THAT MIGHT BE SEEN AT SCHOOL:

Student has severe allergy to : _____ **Asthma Triggers:** _____

Student is authorized to carry, and is able to self-administer prescription for asthma or diabetes care.
(authorized licensed healthcare provider initials: _____).

Student is authorized to carry, and is able to self-administer auto-injectable epinephrine independently and to carry Bendadryl _____ mg to self-administer.

(authorized licensed healthcare provider initials: _____).

_____	_____	_____
Authorized Healthcare Provider Name (print)	Signature	Date
_____	_____	_____
License Number	Phone Number	Fax Number

I authorize my child to carry the above named medication for emergency use or Diabetic Management. He/she has been properly trained in the use of the named medication.

Parent/Guardian Name (print) **Signature** **Daytime Phone Number** **Date**

Reviewed by Credentialed School Nurse (print) **Signature** **Date**