



HS PARENT AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL (SELF-ADMINISTRATION)

California Education Code Sections 49414.5, 49423 and 49423.1 allow students to self-administer certain medications at school during the school day, provided that appropriate authorization is given.

“Medication” refers to medications necessary for testing blood glucose level, and to otherwise provide diabetes, self-care, prescription auto-injectable epinephrine and prescription inhaled asthma medication. The medication must be prescribed to the student to whom it will be administered and all medication containers must include a label with the student’s name, physician’s name, the name of the medication, and directions for use.

I authorize and hereby request that my child be allowed to carry and self-administer the medication identified in this authorization. Please list below:

Medication(s) : _____

Dosage(s): _____

Purpose: _____

I agree to, and do hereby release and hold the Waldorf School of Orange County and its employees harmless from any and all claims, demands, causes of action, liability or loss of any type, because of or arising from acts or omissions with respect to this medication and my child’s self administration of that medication, and agree to indemnify each of them with regard to any judgment or claim rendered against them arising out of this medication self-administration arrangement. I understand that my child may not have or take medication at school unless all requirements are met. I understand and acknowledge that the misuse of medication may subject my child to disciplinary action.

	M	F	
Student’s Name (Print)	Sex		Date of Birth

I have read and understood the above authorization and release. I will immediately notify the school if there is any change in medication my child is taking at school. I also understand that this authorization is in effect for a maximum of one school year, and the Waldorf School of Orange County will require a new authorization at the beginning of each school year, or if any changes in prescription occur.

Date	Signature of Parent or Legal Guardian

Home Telephone: _____ Cell Phone : _____

Work Telephone: _____