



First Lutheran School
ENGAGE. INSPIRE. ACHIEVE.

**AUTHORIZATION for STUDENT SELF-ADMINISTRATION of INHALED MEDICATION
2021-2022**

Inhaled prescription medication to be carried on the student's person and to be self-administered is only permissible through the completion and submission of this form to the First Lutheran Health Office, complete with signatures of a parent/guardian AND the student's physician, pursuant to California State Assembly legislation, AB 2132.

- 1. All medication must be labeled with the student's name.**
2. This authorization form must be complete and include the parent(s) signature(s) and date, giving consent for the child to self-administer only the medication listed on this form.
3. The physician must complete his or her portion of the form, listing the name of the medication, dosage, method of administration and frequency of administration.

TO BE COMPLETED by the PHYSICIAN ...

Name of medication _____ Dosage _____

Time medication should be used, or "as needed" _____

Frequency of administration _____

Method of administration _____

MD signature _____

MD phone _____ MD fax number _____

TO BE COMPLETED by the PARENT ...

Student's name _____ Date of birth _____

Grade _____ MD name _____ Date _____

As a parent of the above-named child, I give full consent for my child to carry and self-administer his/her inhaled medication. It is hereby understood that the school assumes absolutely no responsibility with respect to self-administration by my child for his/her condition. I hereby agree to release the school from any and all claims which may result from self-administration of medication by my child as prescribed in these procedures.

Parent signature _____ Day phone _____ Date _____