

Colusa Unified School District
745 10th Street
Colusa CA 95932
(530) 458-7791
FAX (530) 458-4030

PERMISSION TO CARRY MEDICATION ON CAMPUS

STUDENT NAME: _____
BIRTHDATE: _____ SCHOOL: _____
GRADE: _____ TEACHER/ADVISOR: _____

_____ may carry
his/her _____ (i.e. inhaler,
Epi-Pen, glucose test kit) in his/her backpack at school.

_____ must demonstrate to the school nurse
or designee that he/she knows how to use this medication safely, and understands
the possible side effects. Student knows that this medication is not to be shared
with other students at any time. Student successfully demonstrated the use of this
medication to _____ on (date) _____.

Physician's Signature Date

Parent's Signature Date

Student's Signature Date

School Nurse/Designee Date

Emergency Contact/Telephone Number

Schools: Keep one copy of this form in medication binder, and give one copy to student to carry
with medication.