

Santa Clara Elementary School
324 South E Street
Oxnard, California 93030
(805) 483-6935
www.scesoxnard.org

Administration of Medication During School Hours
For Inhalers to be carried by Students

Student Information	
Name of Pupil:	Date of Birth:
Address:	City/State/Zip
Home Phone:	School: Santa Clara Elementary School

Health Care Provider Information
Your patient has advised the school staff that he/she may carry and use an inhaler during school hours. Please complete and sign this form if an inhaler, prescribed for a school-age child, may be used during school hours.
This form is required by California Education Code, Section 11753.1, to authorize school personnel to permit the child to carry and use an inhaler and his/her own discretion:
Diagnosis or reason for medication:
Inhaler prescribed, dosage time to be taken:
Any special instruction, precautions, or possible side effects:
How long will this medication be necessary?
Date: _____
Signature of Health Care Provider: _____
Print Name of Health Care Provider: _____
Telephone Number: _____

Parent/Guardian Instructions
Please sign the following statement: I request that the school permit my child to carry and use an inhaler during school hours as prescribed by his/her physician/health care provider:
Date: _____
Signature of Parent/Guardian: _____