Office of Health Services
Auburn School District No. 408
Auburn, Washington

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name _____ Birthdate _____

School _____ Grade _____

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THIS PORTION TO BE COMPLETED BY PHYSICIAN/DENTIST

NAME OF MEDICATION	DOSAGE	METHOD OF ADMINISTRATION	TIME OF DAY TO BE TAKEN

Diagnosis _____

Reason for medication to be given during school hours _____

If given PRN, specify the length of time between doses. *Indicate if student must carry inhaler on his/her person.*

_____

Anticipated action _____

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

_____

_____

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from_____(date) to _____(date) (*not to exceed current school year*) as there exists a *valid health reason which makes administration of the medication advisable during school hours* or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

_____ _____
Physician's/Dentist's Signature Date of Signature

_____ _____
Printed Name Phone Number

_____
Address

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THIS PORTION OF THE FORM IS TO BE COMPLETED BY PARENT/GUARDIAN.

I certify that I am the parent, legal guardian, or other person in legal control of the above-identified student and request and authorize the school to administer the above-identified medication to the above-identified student in accordance with the prescription or doctor's instructions from_____(date) to _____(date) (*not to exceed current school year*). I also understand that the School Nurse may contact the prescriber regarding questions related to this medication.

Medication must be supplied to the school in the original container.

_____ _____
Parent's/Guardian's Signature Date of Signature

(_____) _____ / (_____) _____
Phone Number: Home/Work (please include area code)

White copy: Keep with medication
Yellow copy: Student's Health File