

*Prosser Consolidated School District No. 116*  
*Health Services*

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**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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THIS PORTION TO BE COMPLETED BY LICENSED HEALTH CARE PROFESSIONALS (LHP)  
prescribing within the scope of their prescriptive authority

Name of Medication	Dosage	Methods of Administration	Time of Day To Be Taken

Diagnosis or reason for medication: \_\_\_\_\_

If given prn, specify the length of time between doses: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Indicate if student must carry on his/her person

Student is capable to self-administration of medication: \_\_\_\_ Yes \_\_\_\_ No

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 oral medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Licensed Health Care Professional

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name (Print or Type)

Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

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**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler \_\_\_\_ Yes \_\_\_\_ No

Permission to self-administer medication \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Parent/Guardian Signature

Telephone Number: \_\_\_\_\_

(Home)

\_\_\_\_\_

(Work)