AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

DAYTON PUBLIC SCHOOLS
609 SOUTH SECOND
DAYTON, WA 99328
509-382-2543 FAX 509-382-2081

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN

STUDENT_____ DOB_____

SCHOOL_____ GRADE LEVEL_____

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

Reason for medication to be given during school hours_____

_____

Anticipated action_____

Possible Side Effects_____

Emergency procedure in case of serious side effects_____

Permission to carry inhaler ☐ **yes** ☐ **no Student is capable of self-administration of inhaler** ☐ **yes** ☐ **no**
Permission to carry Epi-pen ☐ **yes** ☐ **no Student is capable of self-administration of Epi-pen** ☐ **yes** ☐ **no**

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing the _____ day of _____, 20___ through the ____ day of _____, 20___ as there exists a valid health reason which makes administration of the medication available 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 personnel.

_____ _____
Date of Signature Signature of Licensed Health Professional

_____ _____
Telephone & Address Print or Type Name

THIS PORTION TO BE COMPETED BY THE PARENT OR 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 licensed health professional's instructions for the period beginning the _____ day of _____ , 20____ (not to exceed one school year). I understand that the school nurse will discuss the medication therapy with the above named Licensed Health Care Professional.

MEDICATION WILL BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL CONTAINER BY A RESPONSIBLE ADULT.

_____ _____
Date of Signature Signature of Parent/ Guardian

Adopted 4/18/90
Revised 7/16/02, 06/07/03, 7/14