

CASHMERE SCHOOL DISTRICT #222

Authorization for Administration of Medication at School

Student's Name _____ DOB _____

School _____ Grade _____

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

Name of Medication	Dosage	Time of Day to be Taken	Method of Administration

Reason/Dx for medication to be given during school hours _____

Anticipated action _____

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request & authorize this student to carry their medication. _____ Yes _____ No **ONLY APPLIES TO EPI PEN**

I request & authorize this student to self-administer their medication. _____ Yes _____ No **ASTHMA INHALER**

I authorize and request that the above-named student be administered the above-identified medication in accordance with the instructions indicated above for the period commencing with the _____ day of _____, 20__ through the _____ day of _____, 20__ 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 school personnel. We define medication to mean all drugs, whether prescription or over-the-counter.

Health Care Provider Signature _____ Date _____ Telephone _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above-named student and request and authorize the school to administer the above-identified medication to the above-named student in accordance with the prescription or HCP's instructions for the period beginning the _____ day of _____, 20__ through the _____ day of _____, 20__ (not to extend beyond the end of the current school year).

Medication will be supplied to the school in the original container or prescription bottle with a current label indicating student's name, drug, dose, and time to be given.

Parent/Guardian Signature _____ Date _____ Primary phone _____

Secondary or Work phone _____