Authorization For Administration of Medication At School

Student's Name: _____ Birthdate:_____

School: _____ Age: _____ Grade: _____

This portion to be completed an signed by the physician if it is necessary to dispense medication during school hours.

Name of Medication	Dosage	Method Of Admin	Time of Day To Be Taken
_____	_____	_____	_____

If PM – specify the length of time between doses _____, Reason for medication to be given during school hours:_____.

Permission to carry inhaler: 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 medication in accordance with the instructions indicated above from _____to _____. 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.

_____ _____/_____

Date of Signature Physician's Signature Dentist's Signature

_____ _____

Telephone Number Name (Please Print of Type)

Address: _____

This Portion of the Form is 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 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 _____ to _____ (not to exceed one school year).

Medication will be supplied to the school in the original container:

I understand and agree that because of schedule and other responsibilities, a dosage may be delayed or missed.

Permission to carry inhaler: Yes No

_____ _____

Signature Date of Signature

Telephone Number: _____/_____

Home Work

The Adna School District complies with all state/federal rules and regulations and does not discriminate in any programs or activities on the basis of, sex, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer, Section 504/ADA Coordinator and/or Compliance Coordinator for State Law. P.O. Box 118, Adna, WA. 98522 (360) 748-0362.