

# Adna School District Authorization for Medication at School

Elementary Phone: 360-748-7029 Fax: 360-740-9419

Middle High School Phone: 360-748-8552 Fax: 360-748-1625

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

*This portion to be completed and 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: \_\_\_\_\_.

If Inhaler or EPI PEN ok to self carry: Yes No N/A

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.

If Inhaler or EPI PEN ok to self carry: Yes No N/A

\_\_\_\_\_  
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, race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity, marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society. District programs will be free from sexual harassment. Auxiliary aids and services will be provided upon request to individuals with disabilities. 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.