

**Walla Walla Public Schools
Health Services Department**

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student: _____ Birthdate: _____
School: _____ Grade: _____

**THIS PORTION TO BE COMPLETED BY PHYSICIAN
(One medication per form, please)**

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 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 for the period commencing with the _____ day of _____, 20____, through the _____ day of _____, 2____, 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 medically untrained school personnel.

- At the physician's request, the student may carry on his/her person an Epi-pen or inhaler.
- For emergency situations, the student has been trained and is capable of self-administration.

Date of Signature Physician's/Dentist's Signature

Name (Print or Type)

Address Phone Number

THIS PORTION TO BE COMPLETED BY 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 for the period commencing with the _____ day of _____, 20____, through the _____ day of _____, 2____ (not to exceed one year). I understand the nurse may communicate with the above provider concerning this order. **Medication will be supplied to school in the original Rx container. It is the responsibility of the parent to request the needed medication orders from a medical provider.**

- The above identified student has been instructed to carry an Epi-pen or inhaler with him/her in case of emergency. Please advise student to report to the school nurse for further evaluation.

Date of Signature Parent/Guardian Signature

Telephone: (work) _____ (home) _____