Rochester School District #401
Authorization to Administer Medication at School

RPS FAX: 360.273.2582 | GMES FAX: 360.273.8917 | RMS FAX: 360.273.2045 | RHS FAX: 360.273.2570

This form must be completed and signed by the parent/guardian and the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both prescription and nonprescription medication. Complete a separate form for each medication. All medication must be transported to and from the school by a responsible adult.

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED AND SIGNED BY THE LISCENSED HEALTH CARE PROFESSIONAL IF IT IS NECESSARY TO DISPENSE MEDICATION DURING SCHOOL HOURS

_____ _____
Name of Medication Dosage

_____ _____
Method of Administration Scheduled Time / Frequency of Medicine

Reason for Medication During School Hours:_____

Permission to Carry: Inhaler Yes_____ No _____ EpiPen Yes_____ No _____

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 trained school personnel.

_____ _____ _____
Date Licensed Healthcare Provider Signature Name (Print / Type)

_____ _____
Phone Number Fax Number

THIS PORTION TO BE COMPLETED AND SIGNED 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 dispense medication to the above identified student in accordance to above identified student in accordance with the prescription or instructions from a licensed health professional.

In the event of half-day school schedule, I want my child to take his/her medication at school: Yes____ No ____

Medication must be supplied to the school in the <u>original container</u>, and the written authorization <u>must match exactly</u> the information on the container.

_____ _____
Parent / Guardian Signature Date

_____ _____
Home Phone Work Phone

REVIEWED BY SCHOOL NURSE: _____ DATE: _____