

2026-27 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**** THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP) ****

Name of Student: _____ Date of Birth: _____

Reason for Medication: _____

Name of Medication: (one per form) _____

Dose: (no variable dosing) _____ Route: _____

If given for allergic reason, describe indicators: _____

Time to be given: _____

Inclusive dates during which medication is to be given: (current school year, if left blank) _____

Possible side effects of medication: _____

FOR PERMISSION TO SELF-CARRY/SELF-ADMINISTER EPINEPHRINE OR INHALER ONLY:

____ (provider initials) Student has been taught proper administration of the above medication and can use it properly without supervision (RCW 28A.210.370A)

Printed Name of Licensed Health Professional_____
Phone_____
Signature of Licensed Health Professional_____
Date**** THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN ****

I request/authorize the school to administer the above medication to the above identified student in accordance with the LHP's instructions. I understand that every effort will be made by school staff to administer the medication in a timely manner, but it is possible for a dose to be delayed or missed. I will deliver the prescribed medication to the school in the original pharmacy container with the label intact. I agree to hold Port Townsend School District harmless for any liability it may incur in connection with this requested medication at school when medication is administered in accord with LHP's written direction.

FOR EPINEPHRINE OR INHALERS ONLY: The LHP must initial the self-carry statement above for student to self-carry epinephrine or an inhaler. If initialed by the LHP, I, the parent/guardian, grant permission for student to possess and use the epinephrine or inhaler 1) at school, 2) at school sponsored events, and 3) before/after school while on school property.

Student Name_____
School_____
Printed Name of Parent/Guardian_____
Phone_____
Signature of Parent/Guardian_____
Date