

STUDENTS

Medication at School

Shoreline School District  
Shoreline, Washington 98155-2148

**PERMISSION TO ADMINISTER MEDICATION AT SCHOOL**

Student \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Licensed health professional \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PARENT or GUARDIAN to complete:**

I request that the school nurse, or designated staff member, administer the medication(s) described below as directed by the above licensed health professional. I accept responsibility for supplying the medication in the original container, and for immediately notifying the school nurse (or principal) of any change in these instructions. Furthermore, I authorize the exchange of information between the licensed health care provider and the school nurse. I understand that due to schedules and other responsibilities, a dosage may be delayed or missed. If I refuse this potential delay and do not sign, then the district may reject the request.

\_\_\_\_\_  
**Parent/Guardian signature** **Date**

**LICENSED HEALTH PROFESSIONAL to complete:**

Medication	Dosage	Route	Time to be given

Health condition requiring administration of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other instructions: \_\_\_\_\_

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ [not to exceed the current school year] as there exists a valid health reason which makes administration of the medication advisable during school hours.

\_\_\_\_\_  
**Signature of licensed health professional** **Name [PRINT OR TYPE]** **Date**

**SCHOOL to complete:**

School \_\_\_\_\_ Address \_\_\_\_\_

School Nurse \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

District discontinued date: \_\_\_\_\_  Parent prior written notification

The Shoreline School District policy is available on the district's website or may be requested at any school office.

Submitted \_\_\_\_\_ August 5, 2002 \_\_\_\_\_