Health Care Provider's Order for Medication at School

THE BOXED AREA IS TO BE FILLED IN BY THE PROVIDER.

I request the following student be given medication at school because I believe there exists a valid health reason which makes the administration of medication advisable during the time the student is under supervision of school officials.

Bremerton School District ♦ 134 Marion Avenue North ♦ Bremerton, WA 98312-3542
♦ Office: (360) 473-1073 ♦ Fax: (360) 473-1043

NAME OF STUDENT | SCHOOL | GRADE | TEACHER'S NAME

MEDICATION TO BE ADMINISTERED | DOSAGE AND MODE OF ADMINISTRATION

IF MEDICATION IS GIVEN AS NEEDED, DESCRIBE INDICATIONS AND HOW OFTEN IT CAN BE REPEATED

CONDITION BEING TREATED | TIME TO BE GIVEN AT SCHOOL

INCLUSIVE DATES DURING WHICH MEDICATION IS TO BE GIVEN

ANY SIDE EFFECTS OF DRUG TO BE EXPECTED

ACTION REQUIRED IF SIDE EFFECTS OCCUR

HEALTH CARE PROVIDER'S NAME - PLEASE PRINT | HEALTH CARE PROVIDER'S SIGNATURE

HEALTH CARE PROVIDER'S PHONE NUMBER | DATE

In order for children to receive medicine while at school, the following **MUST** be completely filled out and returned to the school **PRIOR** to its administration. **PLEASE, ONLY ONE MEDICATION PER FORM.**

PARENT/GUARDIAN REQUEST FOR GIVING MEDICATION AT SCHOOL

I request that the principal or designated staff member give my child, _____ the medication prescribed by _____ the medication is to be furnished by me and is to be in the original container from the pharmacy with the label intact. The district shall administer such medication as per district policy and procedure. The district nurse may call my provider to review the medication order. I understand that my signature on this medication order constitutes a waiver for any liability that may occur from administering this medication in the prescribed manner. (parent signature required below)

Signature of Parent/Guardian | Date

Address | Work Phone | Home Phone

Sponsor's ID#, if Military: _____

Medication that is discontinued, outdated or left at the end of the school year will not be sent home with the student but must be picked up by a responsible adult. Medicine not picked up within 5 working days after the last day of school will be destroyed. This request will expire at the end of the current school year.

Revised 02/07/08