Tacoma Public Schools
Health Care Provider's Orders for Medication at School

Patient: _____

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and Health Care Provider are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by the principal or his/her designee if the school nurse is not present. The principal will designate the person responsible to dispense medication on an individual basis.

The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the Health Care Provider's directions.

Diagnosis or reason for medication:_____
_____

Medication and dosage form: _____

Dose and mode of administration: _____

Time(s) to be given: ☐ Lunch ☐ Hour _____ ☐ PRN

Duration without subsequent order: _____weeks _____ school year (may include summer school as applicable)

Other:_____

Side effects of medication (if any) to be expected: _____

Medication may be carried and self-administered by student: ☐ Yes ☐ No ☐ Not Applicable
(Student has been instructed and has demonstrated proper use of medication.)

Licensed Health Care Provider Signature: _____ **Date:**_____

Print Name: _____ **Phone**:_____ **Fax**:_____

Parent's Permission

I request that the school nurse, principal or designated staff member be permitted to dispense to my child,

(name of child) _____ or allow my child to carry and self-administer the medication as ordered by the above health care provider for the period indicated. The medication is to be furnished by me in the original container labeled by the pharmacy or health care provider with the name of the medicine, the amount to be taken, and the time of day to be taken. The health care provider's name is on the label.

I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered, or my child self-administers, in accordance with the health care provider's directions.

This authorization is good for the current school year only (may include summer school as applicable).

In case of necessity the school district may discontinue administration of the medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, **I will collect the medication from the school or understand that it will be destroyed**. I am the parent or the legal guardian of the child named.

Date: _____ **Signature of Parent/Guardian** _____

Parent Contact Numbers: Home: _____ Other**:** _____ School: _____