

South Kitsap School District No. 402
 1962 Hoover Avenue SE,
 Port Orchard, WA 98366

SCHOOL YEAR _____

MEDICATION AT SCHOOL
ONE Medication per Form

In order for children to receive medicine while at school, the following form (both parts A and B) must be completely filled out and returned to the school prior to its administration.

A. HEALTH CARE PROVIDER'S/DENTIST'S ORDER FOR MEDICATION AT SCHOOL

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

 Student's Name Grade Date of Birth School

 Medication To Be Administered Dosage and Mode of Administration

 Condition Being Treated Time To Be Given at School

 Inclusive Dates During Which Medication Is To Be Given

 Side Effects of Drug To Be Expected, If Any. (*What emergency measures should be taken if this occurs?*)

 Health Care Provider's Name (*Printed*) Health Care Provider's Signature

 Health Care Provider's Phone Date

B. PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

I request that the principal or a designated staff member give my child, _____, the medication prescribed by our health care provider, _____.

The medication is to be furnished by me and is to be in the original container from the pharmacy with the label intact, and the District shall administer such medication as per District policy and procedure.

I will notify school by phone or in person if medication is to be stopped.

I understand that my signature on this form constitutes a waiver for any liability that may occur in the administering of this medicine at school.

ON HALF DAYS OF SCHOOL (*check one*): I **do** want the school to administer medication.
 I **do not** want the school to administer medication.

 Signature of Parent or Guardian Date

 Address Work Phone Home Phone

 Military Sponsor's I.D. number, if applicable

This request will expire on August 31 of the current school year.