FRANKLIN PIERCE SCHOOLS
Health Services
315 129th Street South, Tacoma, WA 98444
(253) 298-3047 Fax: (253) 369-8720
www.fpschools.org

Physician's Orders for Medication at School

Patient: ____ Date of Birth: ____________

Medication should be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician 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 Health Room Assistant will dispense the medication. 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 physician's directions.

Is it necessary to dispense this medication during school hours? ______Yes ______No

If yes, please give diagnosis or reason: ____

Drugs and dosage form: ____

Dose and mode of administration: ____

Time(s) to be given: ____Lunch ____Hour ______________________

Duration without subsequent order: ______Weeks ______School Year

Side effects of drug (if any) to be expected: ____

Medication to be carried by student: _____Yes _____No

Physician Signature: ________________________Print or Stamp Name: ________________________

Date: ____________________ Phone: ____

Parent's Permission

I request that the school nurse, principal, or a staff member designated by him/her be permitted to dispense to my child, (name of child) ____________________________, the medication prescribed by (name of physician) ______________________________, for a period from __________to ___________.

- The medication to be furnished is to be brought in by me in the original container labeled by the pharmacy or physician with the child's name, name of the medicine, the amount to be taken, the time of day to be taken, and the physician's name.
- I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions.
- This authorization is good for the current school year only.
- 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 give permission to the school nurse to consult my child's health care provider with any concerns about medication related issues and I release school personnel from liability should reactions result from the medication.

Signature of Parent/Guardian: ____________________________________Date: ____________

Parent's Home Phone: ______________Work Phone: ______________Cell Phone: ______________

Revised: 11/2023