



Cheney Public Schools
12414 S Andrus Rd
Cheney, WA 99004
PHONE: 509-559-4507
FAX: 509-559-4517

MEDICATION REQUEST FORM

Please note: This form must be completed and signed by the parent/guardian **and** the student's Health Care Provider-with prescriptive authority. This form is for both **prescription** and **nonprescription** medication. Complete a separate form for **each** medication. All medication must be transported to and from the school by a responsible adult.

PARENT/GUARDIAN REQUEST

STUDENT NAME _____ SCHOOL _____ BIRTHDATE: _____

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or licensed health care provider (LHP) instructions for the period commencing:

Start Date _____ End Date _____ ☐ Last day of school

In the event of half-day school schedule, I want my child to take his/her medication at school: _____ Yes _____ No

Date

Parent/Guardian Signature

Home Phone

Work Phone

LICENSED HEALTH CARE PROVIDER REQUEST

MEDICATION _____ DOSAGE _____
(Name) (Strength)

ADMINISTRATION SCHEDULE _____
(IF, AS NEEDED, PLEASE INDICATE REPEAT DOSAGE INTERVAL)

REASON FOR MEDICATION _____

FURTHER INSTRUCTIONS (possible reactions, etc.): This section must be completed if medication is to be dispensed for more than 15 days. _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing:

Start Date _____ End Date: _____ ☐ Last day of school

as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

Date

Licensed Health Care Provider Signature

Office Phone

Name (Please print)

This record must be retained for eight (8) years

STUDENT NAME _____ BIRTHDATE _____ GRADE _____

[illegible][illegible]

INITIALS _____ SIGNATURE _____ INITIALS _____ SIGNATURE _____

INITIALS _____ SIGNATURE _____ INITIALS _____ SIGNATURE _____