Pierce County Medical Society
Health Care Provider Orders for Medication at School

Patient: **School:** **Year**:

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and Health Care Provider (HCP) 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 HCP's directions.

Is it necessary to dispense this medication during school hours? ☐Yes ☐No

If yes, please give diagnosis or reason: _____

Drug(s) and dosage form: _____

Dose and mode of administration: _____

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

Duration without subsequent order: _____ weeks _____months _____ school year Other:_____

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

Inhaler to be carried by student: ☐ Yes ☐No ☐ Not Applicable

Epi to be carried by student: ☐ Yes ☐ No ☐ Not Applicable

Health Care Provider Signature: _____ Date: _____ Phone:_____

Print/stamp name: _____ Fax: _____

Parent/Guardian Permission

I request that the school nurse, principal or staff member designate by him/her to be permitted to dispense to my child/ student,

Name of Student; _____ the medication prescribed by (name of HCP) _____ for a

period from _____ to _____.

The medication is to be furnished by me in the original container labeled by the pharmacy or HCP with the name of the medication, the amount to be taken, and the time of day to be taken. The HCP's name is on the label. I understand that my signature indicate my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the HCP'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 it will be destroyed at the end of the school year.** I am the parent or legal guardian of the child/student named.

Date: _____ Parent/Guardian Signature: _____

Contact Numbers: Home: _____ Cell: _____

Received:_____ ☐Noted on eSchool ☐Noted on Health card ☐Med Tracking Form? Exp. Date: _____