

I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.

I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.

Parent/Guardian/Student (age 18) signature: _____	Date:	Phone:	_____

INDIVIDUAL CONSIDERATIONS:

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: If your student does NOT self-carry, medication and IHP will accompany student during any off-campus activity. Student who self-carry are responsible for their own medication.

School Nurse: Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

Please return to:

School Nurse: _____	Email: _____@bsd405.org	Phone:	425-456-_____
		Fax:	425-456-_____

Updated 1/30/25

See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3416 Medication at School; 3418 Emergency Treatment