



**AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL**

Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Escuela: \_\_\_\_\_ Maestro: \_\_\_\_\_

Condición que requiere medicación: \_\_\_\_\_

**TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY:**

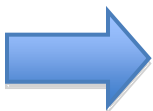
Name of Medication	Dosage	Method of Administration	Time(s) of day to be given
<b>Duration of order IF less than the current school year:     /     /     until     /     /</b>			

**Inhaler Use:** (in accordance with chapter 28A.210 RCW)  
Please complete for all students planning to use an inhaler at school.  
 Student has been instructed in the correct and responsible use of inhaler.  
 Student may carry and self-administer inhaler.  
 Student does not demonstrate ability sufficient to self-carry or self-administer inhaler at school.  
**Recommendation:** Please provide order for spacer at school for children under 12 years of age.

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**Epi-Pen Use:** (in accordance with chapter 28A.210 RCW)  
WSD requires authorized health care provider authorization to be on file for students requiring Epi-Pen.  
 Student has been instructed in the correct and responsible use of Epi-Pen.  
 Student may carry and self-administer Epi-Pen.  
 Student does not demonstrate ability sufficient to self-carry or self-administer Epi-Pen at school.  
**Recommendation:** Please provide to parent or guardian a prescription for backup Epi-Pen to store at school for use if the student forgets or misplaces medication.

I request/authorize the above-named student to be administered the above-identified medication in accordance with the instructions as indicated as there exists a valid health reason which makes administration of the medication advisable during school hours or during such times that the student is under the supervision of school officials.



**Licensed Health Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Licensed Health Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**APROBACIÓN DEL PADRE O GUARDIÁN**



Por la presente autorizo al personal de la escuela para administrar el medicamento más arriba que dar según lo ordenado por el proveedor de la salud con licencia del estudiante. Entiendo que el personal escolar que no están médicamente autorizadas, pero capacitados pueden administrar el medicamento anteriormente.

**Firma del Padre de familia/guardián:** \_\_\_\_\_ **Fecha de:** \_\_\_\_\_

**Nota para los padres:** Todos los medicamentos deben ser entregados a la escuela por un padre / guardián. Todos los medicamentos deben estar en el envase original. Etiquetas de prescripción deben incluir el nombre del estudiante, nombre del medicamento, la dosis y modo de administración, fecha de caducidad, y el nombre del proveedor de la salud con licencia. Si el medicamento es un medicamento de venta libre, la etiqueta debe incluir el nombre del medicamento, dosis, vía de administración para la edad / peso, y la fecha de caducidad.