

Kiona-Benton City School District
 District RN Phone: 509.588.2007; Fax: 509.588.5580
**AUTHORIZATION FOR ADMINISTRATION
 OF MEDICATION AT SCHOOL**

Student Name: _____

Birth date: _____

School: _____

Grade: _____

THIS PORTION TO BE COMPLETED BY THE PRIMARY CARE PROVIDER

Name of Medication	Dosage	Method of Administration	Time of Day to Be Taken
_____	_____	_____	_____

If given as needed, specify the length of time between doses _____

Reason for medication to be given at school: _____

Anticipated action: _____

Indicate if student should carry Inhalers on his/her person: Yes _____ No _____

Student is capable to self-administer medication: Yes _____ No _____

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request and authorize that the above-named student be administered the above identified medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date

Primary Care Provider's Signature

Telephone Number (____) _____

Name
Print or type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

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 administer the medication as instructed above for the period _____ to _____ (not to exceed current school year). I understand the nurse may communicate with the above provider concerning this order and that this information will be shared with school personnel as needed for the wellbeing of the child.

Permission to carry inhaler ___ Yes ___ No

Permission to self-administer medication ___ Yes ___ No

MEDICATION WILL BE IN THE ORIGINAL CONTAINER

Date of Signature

Parent/Guardian Signature

Telephone number: (____) _____ (home)

(____) _____ (work)