

# Central Kitsap School District

## **Authorization for Staff to Administer Medication at School      School Year: 2019-20**

This form is necessary for all prescription and non-prescription medication administered during school hours. When at all possible, please administer medication at home. A parent/guardian must bring the medication to and from school. **A current unexpired Authorization Form must be received each school year.**

**Parent/guardian to complete this section:**

Name of student: \_\_\_\_\_      DOB: \_\_\_\_\_

Medication requested (only one medication per form): \_\_\_\_\_

I request that a designated staff member give my child the above noted medication as ordered by his/her licensed healthcare practitioner (LHP). I will deliver the unexpired medication to the school in the original pharmacy container with the label intact or in the original over-the-counter packaging. If I want to discontinue this medication prior to the date indicated by the LHP, I will make that request in writing. I understand this medication will be discarded if not picked up by a parent/guardian at the end of the school year. I agree to hold Central Kitsap School District #401 harmless from any liabilities it may incur in connection with this requested medication when the medication is administered in accord with this LHP's written direction.

Printed name: \_\_\_\_\_      Phone: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Licensed healthcare practitioner to complete this section:** (print or type without abbreviated medical terminology)

Name of student: \_\_\_\_\_

Condition being treated: \_\_\_\_\_

Medication (only one medication per form): \_\_\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

**Inclusive dates for medication to be given:**

Current School Year

Less than Current School Year \_\_\_\_\_      \_\_\_\_\_  
(Start Date)      (End Date)

Printed name: \_\_\_\_\_      Phone: \_\_\_\_\_

Address: \_\_\_\_\_      Fax: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_