



# Authorization for Administration of Medication at School

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

## This portion to be completed by a licensed health professional (LHP) prescribing within the scope of their prescriptive authority

(Please clearly print legible instructions)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Route</u>	<u>Time(s)</u>	<u>Reason and Special instructions</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Student may self-carry (**Secondary only**) and/or  Self-administer emergency medications during all school sponsored activities (**Secondary only**).

Possible Medication side effects: \_\_\_\_\_

This authorization is valid for the current academic school year and remains in effect for any school-sponsored summer programs or camps occurring before the start of the next academic year.

**REQUIRED** Signature of Licensed Health Professional (LHP)

Date

Name (please print)

Phone

## This portion to be completed by a parent or guardian

- I request this medication to be given as ordered by the licensed health professional above. I understand that medication may be administered by delegated school personnel who are not licensed healthcare providers but are acting under delegation as permitted by Washington state law. I agree to hold harmless and indemnify the school and its employees from liability arising from administration of medication in accordance with this authorization.
- All medication must be provided in the original labeled container. Parent/guardian is responsible for replacing expired medication promptly.
- Emergency medication may be transported by delegated staff for off-campus activities.
- I give Liberty Christian School Staff permission to communicate with the medical office about the medication.
- Medication information may be shared with school staff working with my child and 911 staff, if they are called.

Parent Signature: \_\_\_\_\_

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