

Bainbridge Island School District
MEDICATION AT SCHOOL

School Fax # _____

In order for children to receive medicine while at school, the following form (both parts A and B) must be completely filled out and returned to the school prior to its administration. **This request expires at the end of the current school year.**

A. HEALTH CARE PROVIDER'S ORDERS FOR MEDICATION AT SCHOOL

I request the following student be give medication at school because I believe there exists a valid health reason that makes the administration of medication advisable during the time a student is under supervision of school officials.

Student Name	Grade	Date of Birth	School
Medication to be Administered	Dosage and Mode of Administration		
Condition Being Treated	Time to be Given at School		
Inclusive Dates During Which Medication is to be Given			
Special Instructions (Include side effects, emergency measures, additional monitoring, if needed)			
Health Care Provider's (HCP) Name (<u>Print</u>)		Health Care Provider's Signature	
HCP's Telephone #	Fax #	Date	

B. PARENT REQUEST FOR MEDICATION ADMINISTRATION AT SCHOOL

I request that the principal, or a designated staff member, give my child, _____, the medication prescribed by our HCP.

The medication is to be furnished by me and is to be in the original container, if bought OTC* or from the pharmacy, with the label intact. The District shall administer such medication as per District Policy and Procedure. I understand that all medication is to be delivered to the school by a designated adult or me.

I understand that my signature on this form constitutes a waiver for any liability that may occur in the administering of this medicine at school.

On Early Release days (check one): I **do** want the school to administer medication.
I **do not** want the school to administer medication.

Signature of Parent or Guardian	Home Phone	Work/Cell Phone
Date	*OTC – Over the Counter	