



Physician's Orders for Medication at School

Student's Name: _____ School: _____ Grade: _____

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by the principal or his/her designee. **Only prescribed oral medication will be administered.** The principal will designate the person responsible to dispense medication on an individual basis. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Is it necessary to dispense this medication during school hours? Yes No

If yes, please give diagnosis or reason: _____

Medication and dosage form: _____

Dose and mode of administration: _____

Specific Instructions: _____

Hour(s)/Dates to be given: _____

If given PRN specify the length of time between doses: _____

Side effects of medication (if any) to be expected: _____

Inhaler to be carried by student? Yes No Severe allergy medication to be carried by student? Yes No

Physician's Signature: _____ Date: _____ Phone Number: _____

Dear health provider: When prescribing injectable medication for severe allergic reactions, please consider the use of **the Epi-Pen/Epi-Pen Jr.** for the school setting. A second pen will be needed if the student will be participating in after school activities (i.e. sports).

I request that the principal or a staff member designated by the principal be permitted to dispense to my child, (name of child) _____, the medication prescribed by (name of physician) _____ for a period of (dates) from _____ to _____.

Medication is to be furnished by me in the original container labeled by the pharmacy or physician with the name of the medicine, amount to be taken, time of day to be taken, and the physician's name on the label. I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. **This authorization is good for the current school year only.** In case of necessity, the school district may discontinue administration of medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or I understand that it will be destroyed. I am the parent or the legal guardian of the child named.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian phone: (home) _____ (work) _____

School Medication Policy

The administration of medications at school is a service the Sumner School District provides. By state law, RCW 28A.31.150, written permission from parent and physician must be provided before medications can be administered at school. Renewal of written permission must be completed at the beginning of each school year and whenever the physician adjusts a prescription. The intent of the state law concerning medication administration at school, obligates school districts to obtain written physician and parental permission for both prescription and over-the-counter medications (i.e. Tylenol, medicated throat lozenges, vitamins).

For safety reasons, medications can not be transported with students between home and school. Medication must be transported by an adult and be in the original container with a prescription label. Students are not to carry medications with them at school unless it is medically necessary to do so and written permission from parent and physician to carry at school is on file.

Your assistance in maintaining a safe medication administration routine for your child(ren) in the school setting is greatly appreciated. Please feel free to contact the health technician at your child's school should you have any questions or concerns.