AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

CEDAR PARK CHRISTIAN SCHOOLS
16300 112th Ave. NE
Bothell, WA 98011-1535
*647+"488-9778

Student's name____________________________________ Grade___ Teacher _____________ Birthdate___________

NAME OF MEDICATION	DOSAGE	METHOD OF ADMINISTRATION (i.e., tablets or liquid)	TIME OF DAY TO BE TAKEN
______________________	_____________	_________________	_____________

DATES TO BE ADMINISTERED: beginning on ________________ , 42____, through _______________, 42____.

Reason for medication to be given during school hours:
____

____

Anticipated action: ____

Possible side effects of medication:
____

Emergency procedure in case of serious side effects:
____

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 above identified medication in accordance with the instructions indicated above for the period of time described above, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Medication will be supplied to the school in the original container.

_____________________________________ _____________________________________
Parent signature Parent name (print)

___________________ ____________________ _____________________________________
Date of signature Telephone number - home Telephone number - work

____________________________________ _____________________________________
Physician signature Physician's telephone number

Record of administration (list date, time, dosage, and name of school personnel administering medication):

____________________________ ____________________________ ____________________________

____________________________ ____________________________ ____________________________

____________________________ ____________________________ ____________________________

____________________________ ____________________________ ____________________________

mswc:medicate