PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

District:	School:	Fax:

Student: _____ **Birthdate:** _____ **Age:** _____

PARENT/GUARDIAN SECTION – SECCION DE PADRE/GUARDIAN

I request the school nurse, or designated staff member, administer the medication prescribed below, in accordance with the healthcare provider instructions. **I give my permission for the following medication information to be shared with school staff on a "need to know" basis.**

Yo pido que la enfermera o personal designado, te administre el medicamento recetada de acuerdo con las instrucciones del medico. **Doy permiso que la seguiente informacion sea compartida con el personal escolar que necesite estar informado.**

FOR INHALERS AND EPIPENS ONLY (PARA INHALADORS Y EPIPENS SOLAMENTE):

I give permission for my student to carry his/her emergency medication: ☐ Yes ☐ No

My student is trained and may self-administer their own emergency medication: ☐ Yes ☐ No

Doy permiso para que me estudiante pueda traer su medicamento de emergencia: ☐ Si ☐ No

Mi estudiante tiene conocimiento y entrenamiento de administrarse su propio medicimento de emergencia: ☐ Si ☐ No

_____	_____	_____
Parent/Guardian Signature Firma de Padre/Guardian	Date Fecha	Home phone / Emergency Phone Telefono de Casa Telefono de Emergencia

HEALTHCARE PROVIDER SECTION

Diagnosis for which medication is to be given during school hours: _____

Asthma Diagnosis: ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

_____	_____	_____	_____
Name of medication (1 per form)	Dosage	Method of administration	Time of day to be given

If given PM, specify length of time between doses: _____

Other directions for use: _____

Possible side effects: _____

Duration of Order (must choose one)

☐ Medication is ordered for duration of current school year (which may include summer school)

☐ Medication to be given from ____/____/____ to ____/____/____

FOR INHALERS AND EPIPENS ONLY:

May this student carry his/her emergency medication? ☐ Yes ☐ No

Is this student trained/can self administer his/her own emergency medication? ☐ Yes* ☐ No

*If yes, this student has received instruction in the correct and responsible way to use the medication

FOR STUDENTS WITH ASTHMA OR ANAPHYLAXIS: The HCP must submit "A written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours" RCW 28A.210.370

_____	_____
HCP Signature	Date
_____	_____
HCP Printed Name	Phone