ANACORTES SCHOOL DISTRICT #103

2200 M Avenue Anacortes WA 98221 Phone: (360) 293-1200 Fax: (360) 293-1222
http://www.asd103.org

Policy 3416-P
Form No. 3416-F1

ANACORTES PUBLIC SCHOOLS
AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT: _____ **BIRTHDATE:** _____

SCHOOL:_____ **TEACHER:**_____ **GRADE**_____

THIS PORTION OF THE FORM TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL

Name of Medication: _____

Dosage: _____

Time(s) of dosage: _____

Anticipated action of medication: _____

Length of prescription period: **From:** _____ **To:** _____

Possible side effects: _____

Emergency measures in case of serious side effects: _____

_____

I certify that valid health reasons exist requiring that the above-identified medication be administered (in accordance with instructions indicated) during school hours or during such time that the student is under supervision of school officials.

_____
Licensed Health Professional Signature Date of Signature

_____ _____
Name (Print or Type) Telephone Number

THIS PORTION OF THE FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above-identified student. I have read this form and request and authorize the above-named student to self-administer the medication prescribed.

The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Nonprescription medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by building staff. The student will carry only one day's dosage in an original labeled container.

I understand that my signature indicates that the school accepts no liability for adverse reactions when the medication is administered in accordance with the licensed health professional directions.

_____
Parent/Guardian Signature Date

_____
Phone # (home) (work) (cell)

Adoption Date: 6.28.01 Revised: 03.06.09