WOODLAND SCHOOL DISTRICT NO. 404 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name:			School Fax:	(360) 841-270	<u>1</u>
DOB:	Grade:	School: Woodland School District			
THIS PORTION TO BE CO PRESCRIBING WITH	OMPLETED BY THE I	LICENSED HEALTI	H PROFESSI	ONAL (LHP)	1
Name of Medication:					
Dosage/Frequency:					
Diagnosis or reason for medic	ation:				
If given PRN, specify the leng	th of time between dos	es:			
Possible side effects of medica	ation:				
Student is capable of carrying/ Student is capable of carrying/	self-administering inhaself-administering epip	aler: Yes pen: Yes	No No	N/A	A A
I request and authorize that the accordance with the instruction From to administration of the medication	ns indicated above (<u>not</u> as tl	to exceed current nere exists a valid he	school year),		on in
Licensed Health Professional	signature	Date of signature			
Name (Print or type)	<u></u>	Telephone	Fax		
Please note: 1. Prescribed medication name of the child, the medication is to be given as a superscript of the counter medicate and time to be superscript. THIS PORTICE	name of the medicativen. All medications nelications must be in the ion are to be given, the	on, the dosage and nust be transported te original containe ey must be labeled	frequency in I to the school r. with the nan	n which the ol office by a ne of the stud	parent.
I request and authorize the school to provider's instructions. I understand timely manner. Because of the schemissed (School Board Policy/ Proceeto make arrangements for the care and the school because of the school board Policy/ Proceeto make arrangements for the care and the school because it is a school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care and the school board Policy/ Proceed to make arrangements for the care are school board Policy/ Proceed to make arrangements for the care are school board Policy/ Proceed to make arrangements for the care are school board Policy/ Proceed to make arrangement for the care are school board Policy/ Proceed to make arrangement for the care are school board Policy/ Proceed to make arrangement for the care are school board Policy/ Proceed to make a school board Policy/ Proceed to make arrangement for the care are school board Policy/ Proceed to make a school board Policy/ Proceed to make arrangement for the care are school board Policy/ Proceed to make a school board Policy/ Proceed to make	I that every reasonable effordule and other staff responsedure 3416). You have my pond supervision of my child.	t will be made by schoo ibilities, it is permissible ermission to communica	l staff to adminic for a dose or do te with this heal	ster the medicat osage to be delay th care provider	tion in a yed or r in order
I give the health care provider Permission to carry & self-adr	-			No No	N/A
Permission to carry & self-adr					N/A
Parent/Guardian signature:		Γ	Date:		
Parent/Guardian phone #:		_Cell or Work phone #	! :		