

Coupeville School District
Authorization for Medication at School
Form 3416-F1

Name of Student _____ Birthdate _____

School _____ Grade _____

Requested: Medication kept in health room Staff to administer
 Student to self-carry Student to self-administer

Licensed Healthcare Professional to Complete this Section

Name of Medication	Dosage	Method of Administration	Time of Day To Be Taken
Exp. Date:			

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

In my professional opinion:

- Student is is not capable of self-administering this medication.
- Inhaled/oral medication may must does not need to be carried by student on his/her person.
- EpiPen medication may must does not need to be carried by student on his/her person.
- Insulin medication may must does not need to be carried by student on his/her person.

I request and authorize the above-named student to receive the above-identified medication in accordance with the instructions provided from _____ to _____ (current school year only) as there exists a valid health reason which makes administration of the medication advisable during school hours.

 Licensed Healthcare Professional's Signature Date

 Licensed Healthcare Professional's Printed Name Telephone

Parent/Guardian to Complete this Section

I request/authorize the above-identified medication to be administered in accordance with the above instructions. I acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

 Parent/Guardian Signature / Student Signature Date

<p>Reviewed and Approved:</p> <p>_____ School Principal Date</p> <p>_____ School Nurse Date</p>	<p>For Office Use:</p> <p><input type="checkbox"/> SC – K-5 Demo Date: _____</p> <p><input type="checkbox"/> SA – 6-12</p> <p><input type="checkbox"/> Student Use Demonstrated: _____</p>
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