

VILLA ACADEMY

5001 NE 50th Street
Seattle, WA 98105
Phone 206-524-8885
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AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION* AT SCHOOL

* Including all over the counter drugs, such as ibuprofen and cough drops.

Student Name: _____ Birth Date: _____

School: Villa Academy Grade: _____

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)
PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY**

Name of Medication*	Dosage	Method of Administration	Time of day to Be taken
_____	_____	_____	_____

Please complete a separate form for each medication.

Diagnosis or reason for medication: _____

If given PRN, specify length of time between dosages: _____

* **Epi Pens/ Inhalers:** _____

Indicate if student will carry on his/her person

Student is capable of self-administration of epi pen or inhaler Yes No

Possible side effects of medication: _____

Emergency procedure in case of serious side effect: _____

I authorize the above named student be administered the above indicated medication in accordance with the instructions indicated above from _____ (date) to _____, (date), not to exceed current school year, as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Health Professional Signature

Date of Signature

Name (print or type)

Telephone Number

***Please note: All medication must be labeled with the student name, dosage and time to be given. All medication will be held by a school official while on the trip. Students are not to carry medication (even cough drops) unless it is a "rescue" medication and the student has permission.**

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request and authorize the school to administer medication to the above identified student in accordance with the LHP's instructions for the period from _____ (date) to _____ (date), not to exceed current school year. I understand that every effort will be made by the school staff to administer the medication in a timely manner.

Signature of Parent/Guardian

Date of Signature

Telephone Number: Home

Telephone Number: Work or Cell