Central Kitsap School District

Authorization for Staff to Administer Medication at School School Year: 2022-23

This form is necessary for all prescription and non-prescription medication administered during school hours. When at all possible, please administer medication at home. A parent/guardian must bring the medication to and from school.
A current unexpired Authorization Form must be received each school year.

Parent/guardian to complete this section:

Name of student: _____ DOB: _____

Medication requested (only one medication per form): _____

I request that a designated staff member give my child the above noted medication as ordered by his/her licensed healthcare practitioner (LHP). I will deliver the unexpired medication to the school in the original pharmacy container with the label intact or in the original over-the-counter packaging. If I want to discontinue this medication prior to the date indicated by the LHP, I will make that request in writing. I understand this medication will be discarded if not picked up by a parent/guardian at the end of the school year. I agree to hold Central Kitsap School District #401 harmless from any liabilities it may incur in connection with this requested medication when the medication is administered in accord with this LHP's written direction.

Printed name: _____ Phone: _____

Signature: _____ Date: _____

Licensed healthcare practitioner to complete this section: (print or type without abbreviated medical terminology)

Name of student: _____

Condition being treated: _____

Medication (only one medication per form): _____

Dose: _____

Route: _____

Time to be given at school: _____

Inclusive dates for medication to be given:

☐ Current School Year

☐ Less than Current School Year _____ _____
(Start Date) (End Date)

Printed name: _____ Phone: _____

Address: _____ Fax: _____

Signature: _____ Date: _____