

School:	Student Number:	Teacher:
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Reason for medication to be given during school hours:

Anticipated action:

Possible side effects of medication:

Emergency procedure in case of serious side effects:

I request and authorize that the above named student be administered the above identified medication with the instructions indicated above. There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Date:

Kent School District
Medication Procedures

Washington State law permits school staff to administer medication only in limited situations. When possible, the parents and physician are urged to design a schedule for