Student Name:		Birth Da	te:		Grade:	
Grades 7-12>Fax to	360-221-6229	Grades K-6>Fa	ax to 36	0-221-6929	 }	
THIS PORTION TO BE C						BING WITH
THE SCOPE OF T	HEIR PRESCRIPTI	VE AUTHORITY (P	lease cl	early print	legible instr	uctions)
Name of Medication	Dosage N	Method of Administra	ation	Time(s) to	Be Taken	
Diagnosis or reason for me						
If given PRN, specify the m						
I request and authorize this						
I request and authorize this						
This student has been instr		onstrated the ability to	o prope	rly manage	e self-admin	istration of
medicationYes _	No					
Possible medication side ef	ects:					
Possible medication side ef Emergency procedure in ca	se of serious side ef	fects:				
I request and authorize the	above-named stude	ent be administered t	he abov	e identified	d medication	n in accordar
with the instructions indica	ted above from	(date) to	(date) (not t	to exceed cu	rrent school
year). There exists a valid h	ealth reason which	may make administra	ation of	f the medic	ation advisa	ble during
school hours.						
school hours.						
school nours.						
school hours.	_					
Date of Signature	_	Licensed Health Pr	rofessio	nal (LHP)		
	_	Licensed Health Pr	rofessio	nal (LHP)		
	_	Licensed Health Pr				
Date of Signature Telephone Number		Name (pleas	se print)			
Date of Signature Telephone Number THIS PORTION TO BE CO		Name (pleas	se print))		
Date of Signature Telephone Number THIS PORTION TO BE CO I request this medication	to be given as order	Name (pleas HE PARENT/GUARE red by the licensed he	se print) DIAN ealth pro) ofessional.		action I un
Date of Signature Telephone Number THIS PORTION TO BE CO I request this medication I give Health Services State	to be given as order f permission to con	Name (pleas HE PARENT/GUARD red by the licensed he nmunicate with the n	se print) DIAN ealth pro) ofessional. office abou		
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services Standerstand oral, topical and re	to be given as order f permission to con asal medications m	Name (please HE PARENT/GUARD red by the licensed he numunicate with the may be administered be	se print) DIAN ealth pro) ofessional. office abou		
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised	to be given as order f permission to con asal medications m by a Registered Nu	Name (pleased HE PARENT/GUARD red by the licensed he nmunicate with the may be administered by the see	se print) DIAN calth pro nedical by non li	ofessional. office abou	ff members	who have be
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and retrained and are supervised Medication information re	to be given as order f permission to con asal medications m by a Registered Num nay be shared with	Name (pleased HE PARENT/GUARD red by the licensed he numicate with the may be administered by the sees school staff working weets.	se print) DIAN calth pro nedical by non li	ofessional. office abou icensed star	ff members 911 staff, if	who have been they are calle
Date of Signature Telephone Number THIS PORTION TO BE CO I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re	to be given as order f permission to con asal medications m by a Registered Numay be shared with must be brought to s	Name (pleased HE PARENT/GUARD red by the licensed he numicate with the may be administered by the sees school staff working weets.	se print) DIAN calth pro nedical by non li	ofessional. office abou icensed star	ff members 911 staff, if	who have been they are called
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi	to be given as order of permission to con asal medications may a Registered Numay be shared with a bust be brought to sonal.	Name (pleased hered by the licensed hered hered by the licensed hered by the administered by the administered by the sechool staff working with the resection of the sechool in its original control i	ose print) DIAN Palth properties of the proper	ofessional. office abou icensed star y child and er with inst	ff members 911 staff, if tructions as	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE CO I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re	to be given as order of permission to con asal medications may a Registered Numay be shared with must be brought to sonal.	Name (pleased hered by the licensed hered by the licensed hered by the administered by the administered by the section of the	or print) DIAN Falth properties of the propert	ofessional. office abou icensed state y child and er with inst	ff members 911 staff, if tructions as	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi	to be given as order of permission to con asal medications may a Registered Numay be shared with must be brought to sonal.	Name (pleased hered by the licensed hered hered by the licensed hered by the administered by the administered by the sechool staff working with the resection of the sechool in its original control i	or print) DIAN Falth properties of the propert	ofessional. office abou icensed state y child and er with inst	ff members 911 staff, if tructions as	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi	to be given as order of permission to con asal medications may a Registered Numay be shared with must be brought to sonal.	Name (pleased hered by the licensed hered by the licensed hered by the administered by the administered by the section of the	or print) DIAN Falth properties of the propert	ofessional. office abou icensed state y child and er with inst	ff members 911 staff, if tructions as	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi	to be given as order of permission to con asal medications may a Registered Numay be shared with must be brought to sonal.	Name (pleased hered by the licensed hered by the licensed hered by the administered by the administered by the section of the	or print) DIAN Falth properties of the propert	ofessional. office abou icensed state y child and er with inst	ff members 911 staff, if tructions as	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi I request and authorize my	to be given as order of permission to con asal medications may a Registered Numay be shared with must be brought to sonal.	Name (pleased hered by the licensed hered by the licensed hered by the administered by the administered by the school staff working where the school in its original correct self-administer the sy to life threatening the self-administer the system that should be self-administer that should be self-a	or print) DIAN Falth properties of the propert	ofessional. office abou icensed state y child and er with inst	ff members 911 staff, if tructions as _ YesNo	who have been they are called noted above
Date of Signature Telephone Number THIS PORTION TO BE Co I request this medication I give Health Services State derstand oral, topical and re trained and are supervised Medication information re All medication supplied re the licensed health professi I request and authorize my	to be given as order If permission to con asal medications m by a Registered Num hay be shared with hust be brought to so onal. child to carry and/o Applies onle	Name (pleased hered by the licensed hered by the licensed hered by the administered by the administered by the section of the	se print) DIAN Palth pro nedical by non li with my containe eir medi conditi	ofessional. office about icensed state of the state of th	ff members 911 staff, if tructions as _ YesNo	who have been they are called noted above