

Escuelas Públicas de Walla Walla  
Departamento de Servicios de la Salud

**AUTORIZACION PARA LA ADMINISTRACION DE MEDICAMENTOS VIA ORAL EN LA ESCUELA**

Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

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**THIS PORTION TO BE COMPLETED BY PHYSICIAN  
(one medication per form, please)**

NAME OF MEDICATION	DOSAGE	METHOD OF ADMINISTRATION	TIME OF DAY TO BE TAKEN
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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 in accordance with the instructions indicated above for the period commencing with the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, through the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, as 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.

- At the physician's request, the student may carry on his/her person an Epi-pen or inhaler.**
- For emergency situations, the student has been trained and is capable of self-administration.**

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Physician's/ARNP's/Dentist's Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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**ESTA PORCION ES LLENADA POR EL PADRE O TUTOR**

Certifico que soy padre o tutor legal, u otra persona en control legal del mencionado estudiante, por lo que solicito y autorizo a la escuela le administre el medicamento indicado en ésta, de acuerdo con la receta o las instrucciones del médico, por el período que se inicia el \_\_\_ de \_\_\_\_\_ del 20\_\_, y termina el \_\_\_ de \_\_\_\_\_ del 20\_\_ (no excede un año).

El medicamento será dado a la escuela en el envase original de la farmacia.

- El estudiante anteriormente mencionado, ha sido instruido para llevar una Epi-peni o un inhalador, a ser usado en caso de emergencia. Por favor instruya al estudiante a que de manera inmediata reporte lo anterior a la enfermera de la escuela, para una evaluacion posterior.**

\_\_\_\_\_  
Fecha de Firma

\_\_\_\_\_  
Firma del Padre o Tutor

Teléfono: (trabajo) \_\_\_\_\_ (casa) \_\_\_\_\_