



Two Schools  
One Philosophy



# Bellevue Children's Academy & Willows Preparatory School

## Authorization for Administration of Medication at School

2021-2022

I hereby authorize Bellevue Children's Academy/Willows Preparatory School staff to administer medication to the below-named student in accordance with the instructions below, for the authorized period of \_\_\_\_\_ (Month & Year) to \_\_\_\_\_ (Month & Year) (not to exceed the current school year, June 2022).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Name of Medication	Dosage	Expiration Date	Method to Administer	When to Administer (cannot be "as needed")

Diagnosis or reason for taking the above-named medication: \_\_\_\_\_

Is student is capable of self-administration of medication?  Yes  No

Are there special storage requirements?  Yes  No If yes, please specify: \_\_\_\_\_

Possible side effects of medication and special instructions, if any: \_\_\_\_\_

Emergency procedure to be followed in case of serious side effects: \_\_\_\_\_

**I understand that Bellevue Children's Academy/Willows Preparatory School will administer medication (either prescribed or over-the-counter) to my student *only* if said medication is accompanied by a separate signed physician's note indicating 1) the name of the student, 2) name of the medication, 3) strength and dosage, 4) quantity, and 5) frequency of administration. *The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications.***

**I understand that it is my responsibility to administer medication to my child, and that I will not hold BCA/WPS responsible for failing to administer medication, or for administering it improperly.**

**I understand that BCA/WPS staff cannot administer expired medication to my student and it is my responsibility to provide non-expired medication to the school when necessary.**

**I understand that students may not carry medication on their persons or store medication at BCA/WPS in lockers, cubbies, backpacks, etc. All medications (either prescribed or over-the-counter) must be kept at the front office or with the school nurse, with certain exceptions for students who self-carry emergency medication.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

Phone number: (\_\_\_\_) \_\_\_\_\_