



Two Schools
One Philosophy



Bellevue Children's Academy & Willows Preparatory School

Parental Consent for Medication Administration at School

2022-2023

This form must accompany a licensed healthcare provider's order

I hereby authorize Bellevue Children's Academy/Willows Preparatory School staff to administer medication to the below-named student in accordance with the attached prescription or licensed healthcare provider's instructions, for the authorized period of _____ (Month & Year) to _____ (Month & Year) or END OF SCHOOL YEAR (including summer school: Yes___ No___).

Student's Name: _____ Date of Birth: _____

Grade: _____ Homeroom Teacher: _____

Name of Medication	Dosage	Expiration Date	Reason/Diagnosis

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 LHP's request 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 all medications I provide must be in their original box with all necessary supplies (dosage cup, etc.) and be unexpired. BCA/WPS staff cannot administer expired medication to my student and it is my responsibility to provide non-expired medication to the school when needed.

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 as outlined in our BCA/WPS Medication Policy.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone number: _____