



GRADE SCHOOL & OFFICE
2728 NE 100th Street
Seattle, WA 98125

KINDERHAUS
4919 Woodlawn Ave N
Seattle, WA 98103

HIGH SCHOOL
160 John Street
Seattle, WA 98109

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PHYSICIAN'S ORDER

FOR PRESCRIPTION & NON-PRESCRIPTION MEDICATIONS GIVEN IN SCHOOL

FOR SCHOOL YEAR
2011-2012

Note to Parent or Guardian

1. It is the policy of our school to maintain a signed order for **each** medication that school personnel are asked to dispense during school hours. This form must be completed, signed, and returned to the school office **before** any medications can be given. This form must be renewed each school year.
2. The medication must be sent to school in its original container.

STUDENT'S FULL NAME

GRADE

To Be Completed by the Physician or Authorized Prescriber

Diagnosis or reason for medication:

Medication name:

Form of medication or treatment: Tablet or Capsule Liquid Inhaler Injection Nebulizer Other

Instructions – schedule and dose to be given at school:

Restrictions and/or other important side effects: None anticipated Yes. Please describe:

Storage requirements: None Refrigerate

Students in Grades 6–12 only: This student is both capable and responsible for self-administering this medication:

No Yes, supervised Yes, unsupervised

Because of the need for immediate access by this student, this medication should:

Be kept in the student's classroom Be kept in the student's desk Be kept in the school office

PHYSICIAN'S SIGNATURE

DATE

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ADDRESS

PHONE

To Be Completed by the Parent/Guardian

I give permission for my child to receive the above medication at school according to school policy.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

RELATIONSHIP