**Waskowitz Outdoor Education Center Medication and Treatment Procedures**

**If a student requires medication(s) and/or treatment(s) while attending Waskowitz Outdoor Education Center, the following is required prior to attending.**

# Medication Procedures:

### All medications MUST BE NECESSARY TO BE GIVEN AT WASKOWIZ. The following are examples of medications that are not necessary to have at Waskowitz, unless special circumstances exist: vitamins, herbal supplements, essential oils, cough drops and acne skin preparations.

#### Authorized school staff may administer the following medications after training from a School Nurse: Oral (including inhalers), eye drops, eardrops, topical medications and emergency auto-injected epinephrine.

Only a licensed nurse may administer the following medications: Nasal inhalers, suppositories or non-emergency injections.

All medications will ONLY be given at the following times: 8:00 a.m., 12:00 p.m. (noon), 4:00 p.m., 8:00 p.m. (bedtime), or As Needed/PRN.

# The School Nurse assigned to the school will review medications to determine that all medications meet the following requirements:

### A completed Medication Authorization Form, necessitating medication be given at Waskowitz. This form is located in your Waskowitz Outdoor Education Center packet, online and from your School Nurse.

### Both the prescribing Licensed Healthcare Professional and the student’s parent/guardian must sign all medication or prescription forms.

### A copy of a current school Medication Authorization Form may be used if it includes all of the times and dosages that will need to be given at Waskowitz.

### A different form or prescription, with all the necessary information from a prescribing Licensed Healthcare Professional, is acceptable in place of the provided Highline Medication Authorization Form.

### Medication Forms received by fax are acceptable as long as they are complete.

### Medication(s) must be supplied in the original, properly labeled container.

#### Prescription medications

#### Must have the pharmacy prescription label attached.

#### If the prescription label does not match the directions on the Medication Authorization Form, the School Nurse will attempt to confirm the correct instructions with the prescriber and change the label to correspond with the prescriber's instructions.

* + - 1. If unable to confirm with the prescriber, a new pharmacy label or Medication Authorization Form may be required.

#### Over-the-counter medications

#### Must be in the original container and labeled.

#### If a pharmacy label is not attached to an over the counter medication, only a School Nurse may label the medication. The label must contain the following: Student Name, Date of Birth, Prescriber, Date, Medication Name, Strength and Dose, Time and mode of Administration, and School Nurse Name.

#### Student medications, which are currently at school, will be sent with their existing Medication Authorization Forms.

1. All Medication Authorization forms, medications, and treatment orders that your child will need while at Waskowitz **must be at the school office at least 10 days prior** to when your child is scheduled to attend Waskowitz.
	1. This allows time for the school nurse to review the orders and medication, instruct teachers about giving medications and correct any problems with the medication orders.
	2. The only medications that will be accepted on the day your child leaves for Waskowitz will be medications that were prescribed during the past weekend. These medications and their authorization forms must be at the school office by 8:30am on the day your child leaves for Waskowitz.

## The School Nurse will consult with parents and/or providers, if clarification is needed, regarding medications for Waskowitz. Medications will NOT be sent to Waskowitz if clarification is not made and/or the above requirements are not met.

## Prior to departure for Waskowitz, the School Nurse will review pertinent information and instructions about medications with the necessary school staff. The Medication Logs and Medication Authorization Forms will be provided to chaperoning staff in a binder. Medications will be provided in labeled zip-lock bags that will include the Medication Authorization Form and Emergency Care Plan, as indicated.

## **Treatment Procedures:**

The parent or guardian must make prior arrangements with the School Nurse for any healthcare treatments or procedures that a student will need while at Waskowitz Outdoor Education Center.

The School Nurse, consulting with the Highline Health and Social Services Director when appropriate, will determine the appropriateness and necessity of healthcare treatments. If the nurse makes the professional judgement that the treatment(s) are necessary and appropriate for Waskowitz, the nurse will delegate to the appropriate person(s) to do the treatment(s) with the following guidelines:

1. **Staff-administered or Parent-administered Treatments:** Treatments that, in the nurse's professional judgement, the student does NOT have the necessary cognitive developmental, motor and judgement skills to perform by him/herself.

Examples: Sterile catheterization, subcutaneous, intramuscular or intravenous medication administrations.

The following is required for staff or parent administered treatments:

* 1. Completed request for treatment orders signed by the prescribing Licensed Healthcare Professional and the student’s parent/guardian.
	2. Provision of necessary supplies and equipment by the parent/guardian.
1. **Student-administered Treatments:** Treatments that, in the nurse's professional judgement, the student has the necessary cognitive, developmental, motor and judgement skills to perform by him/herself.

Example: Diabetic blood sugar testing (depending on individual student), self-catheterization, application of skin lotions or ointments, and asthma treatments.

The following is required for student-administered treatments:

* 1. Completed request for treatment orders, stating that the student is capable of self-administering the treatment, signed by the prescribing Licensed Healthcare Professional and the student’s parent/guardian.
	2. Provision of necessary supplies and equipment by the parent/guardian.

**Prior to departure for Waskowitz, the School Nurse will complete and/or make prior arrangements for the following:**

1. Designation of student, staff or parent as appropriate and willing to do the treatment(s)
2. Approval by Special Education, Section 504, or other necessary departments
3. Extra Service Contract or other financial arrangements necessary for the designated staff
4. Notification to the Director of Waskowitz regarding student needs and plans, including any lodging needs for staff or parent staying at Waskowitz
5. Preparation of the Treatment Record
6. Training of staff or parent regarding School District and Waskowitz Outdoor Education Center Treatment Procedures
	* 1. Education with a skills checklist, if necessary (Contact Highline Health and Social Services)
7. Training of staff and/or parent regarding Highline School District and Waskowitz Outdoor Education Center procedure for Treatment Records
	* 1. For student-administered treatments, the teacher will record the date and time on the Treatment Record.
		2. For Staff-administered treatments, the designated staff performing the treatment will record the date and time on the Treatment Record.
		3. At the end of the Waskowitz session, designated Waskowitz staff members will make a copy of each Treatment Record and proceed as follows:
			1. **Original** - Teacher return to School Nurse
			2. **Copy** - File at Waskowitz Outdoor Education Center

**DOSE TIME:** 8:00 AM/Morning

**Home School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abbreviations: ref= refused, pcan= parent cancelled, ng= not given

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| **Student Name**(Last, First) | **Medication**(as printed on label) | **Dosage** | **Instructions**(i.e. with food, take on hike) | **# of pills leaving school/ initials** | **# of pills arrive @ Wasko/ initials** | **# of pills sent to school/ initials** | **Date & Time Given/Initials & Comments** |
| **MON** | **TUES** | **WED** | **THURS** | **FRI** |
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\*The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the bus leaves school.

\*The Teacher (or Waskowitz Nurse) will use this form to record all medications given with the times given, administering personnel initials and any pertinent notes for each dose.

\*At the end of each day, the teacher will return this form to designated Waskowitz staff, who will check to make sure all medications were given correctly.

\*After any discrepancies are resolved, the camp staff will sign the bottom of the form.

Initials/Signature of teacher giving medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Signature of nurse reviewing medications and training teachers to give medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Waskowitz staff reviewing medication log at the end of the day:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original: Send to School Nurse @ home school Copy: Waskowitz records**

**DOSE TIME:** 12:00 PM (Noon)

**Home School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abbreviations: ref= refused, pcan= parent cancelled, ng= not given

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| **Student Name**(Last, First) | **Medication**(as printed on label) | **Dosage** | **Instructions**(i.e. with food, take on hike) | **# of pills leaving school/ initials** | **# of pills arrive @ Wasko/ initials** | **# of pills sent to school/ initials** | **Date & Time Given/Initials & Comments** |
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\*The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the bus leaves school.

\*The Teacher (or Waskowitz Nurse) will use this form to record all medications given with the times given, administering personnel initials and any pertinent notes for each dose.

\*At the end of each day, the teacher will return this form to designated Waskowitz staff, who will check to make sure all medications were given correctly.

\*After any discrepancies are resolved, the camp staff will sign the bottom of the form.

Initials/Signature of teacher giving medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Signature of nurse reviewing medications and training teachers to give medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Waskowitz staff reviewing medication log at the end of the day:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original: Send to School Nurse @ home school Copy: Waskowitz records**

**DOSE TIME:** 4:00 PM

**Home School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abbreviations: ref= refused, pcan= parent cancelled, ng= not given

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| **Student Name**(Last, First) | **Medication**(as printed on label) | **Dosage** | **Instructions**(i.e. with food, take on hike) | **# of pills leaving school/ initials** | **# of pills arrive @ Wasko/ initials** | **# of pills sent to school/ initials** | **Date & Time Given/Initials & Comments** |
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\*The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the bus leaves school.

\*The Teacher (or Waskowitz Nurse) will use this form to record all medications given with the times given, administering personnel initials and any pertinent notes for each dose.

\*At the end of each day, the teacher will return this form to designated Waskowitz staff, who will check to make sure all medications were given correctly.

\*After any discrepancies are resolved, the camp staff will sign the bottom of the form.

Initials/Signature of teacher giving medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Signature of nurse reviewing medications and training teachers to give medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Waskowitz staff reviewing medication log at the end of the day:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original: Send to School Nurse @ home school Copy: Waskowitz records**

**DOSE TIME:** 8:00 PM/Bedtime

**Home School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abbreviations: ref= refused, pcan= parent cancelled, ng= not given

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| **Student Name**(Last, First) | **Medication**(as printed on label) | **Dosage** | **Instructions**(i.e. with food, take on hike) | **# of pills leaving school/ initials** | **# of pills arrive @ Wasko/ initials** | **# of pills sent to school/ initials** | **Date & Time Given/Initials & Comments** |
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\*The Teacher (or Waskowitz Nurse) will use this form to record all medications given with the times given, administering personnel initials and any pertinent notes for each dose.

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\*After any discrepancies are resolved, the camp staff will sign the bottom of the form.

Initials/Signature of teacher giving medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Signature of nurse reviewing medications and training teachers to give medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Waskowitz staff reviewing medication log at the end of the day:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original: Send to School Nurse @ home school Copy: Waskowitz records**

**DOSE TIME:** As Needed/PRN

**Home School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Abbreviations: ref= refused, pcan= parent cancelled, ng= not given

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| **Student Name**(Last, First) | **Medication**(as printed on label) | **Dosage** | **Instructions**(i.e. with food, take on hike) | **# of pills leaving school/ initials** | **# of pills arrive @ Wasko/ initials** | **# of pills sent to school/ initials** | **Date & Time Given/Initials & Comments** |
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\*The Teacher (or Waskowitz Nurse) will use this form to record all medications given with the times given, administering personnel initials and any pertinent notes for each dose.

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Initials/Signature of teacher giving medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Signature of nurse reviewing medications and training teachers to give medications: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Waskowitz staff reviewing medication log at the end of the day:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original: Send to School Nurse @ home school Copy: Waskowitz records**

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| **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Waskowitz Medication Instructions**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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