

**Procedures for Medications and Health Care Treatments
at
Waskowitz Outdoor School**

Procedures to be followed at Waskowitz

B. Treatment Procedures

1. The parent or guardian must make prior arrangements with the School Nurse for any health care treatments or procedures that a student will need while at Waskowitz.
2. The School Nurse, consulting with the Health Services Facilitator when appropriate, will determine the appropriateness and necessity of health care treatments to be done at Waskowitz. If the nurse makes the professional judgement that the treatments are necessary and appropriate to be done at Waskowitz, the nurse will determine the appropriate persons to do the treatments.

a. Student administered treatments

Definition: Treatments that, in the nurse's professional judgement, the student has the necessary cognitive, developmental, motor and judgement skills to perform by him/her self.

Example: Diabetic blood sugar testing (depending on individual student)

Self catheterization

Application of skin lotions, ointments, etc.

Asthma nebulizer treatments

Required for student administered treatments:

Completion of parent and licensed healthcare provider Request for Specialized Medical Treatment with a statement that the student is capable of self-administering the treatment.
Provision of necessary supplies and equipment by the parent/guardian.

b. Staff administered treatments

Definition: 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/her self.

Examples: Sterile catheterization, subcutaneous, intramuscular or intravenous medications.

Required: Completed Request for Specialized Medical Treatment (parent and licensed healthcare provider) with a statement that the student is not capable of self-administering the treatment.

Prior arrangements made by the School Nurse for the following:

1. Designation of appropriate school staff to do procedure
2. Approval by Special Education, Section 504, or other departments
3. Extra Service Contract or other financial arrangements by staff
4. Training of staff to do specific procedure
5. Notification of the Director of Waskowitz regarding student needs, plans, including need for lodging for staff staying at Waskowitz.
6. Provision of necessary supplies and equipment by the parent/guardian

Procedures for Medications and Health Care Treatments

Waskowitz Outdoor School

A. Medication Procedures

Procedures to be completed before the students leave on the bus for Waskowitz

1. The School Nurse assigned to the elementary school (or, when needed, the backup School Nurse) will review medications to determine that all medications meet the following requirements:
 - a. Completed and signed Parent Authorization for Medication at Waskowitz
 - b. Completed and signed Licensed Healthcare Professional Authorization for Medication at Waskowitz
 1. If a medication given regularly at school has parent and provider authorization that includes all of the times and dosages for all doses that will be given at Waskowitz, a copy of the regular School Medication Authorization form may be used.
 2. A different form or prescription with all the necessary information may be used instead of the Waskowitz Medication Authorization form from the Licensed Healthcare Professional.
 3. A completed Licensed Healthcare Professional Authorization received by FAX at the school will be considered valid. If the provider authorization has not arrived when the student leaves for Waskowitz, the School Nurse may send the medication to Waskowitz with clear instructions that it is **NOT** be given until the FAX authorization form from the provider arrives at school, is reviewed by the Nurse for compliance with all requirements, and is then FAXed to Waskowitz.
 - c. Medication supplied in the original, properly labeled container
 1. 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 confirm the correct instructions with the prescriber and, if needed, change the label to correspond with the prescriber's instructions.
 2. Over-the-counter medications must be in the original container. If a pharmacy label is not attached, the School Nurse will attach a label.
 3. Medications may be labeled **ONLY** by the School Nurse.
 4. The medication labelⁱⁱⁱ contain the following:
Date, Student name, Medication name and strength, Directions - dose and times to be given
Prescriber name/School Nurse name
 - d. All medications **MUST BE NECESSARY TO BE GIVEN AT WASKOWIZ**. The following are usually not necessary to have at Waskowitz unless special circumstances exist:
Vitamins, Herbal preparations, cough drops, acne skin preparations.
 - e. Only the following medications may be given by teaches at Waskowitz (per state law)
 1. Oral medications (including asthma inhaler)
 2. Emergency injectable medication (limited to Epi-Pen for severe allergic reactions). The School Nurse will train the teacher to give the Epi-Pen. Prior arrangements must be made with the School Nurse and Health Services Facilitator for medications to be given by any other route.
2. The School Nurse will consult with parents and/or providers to clarify all questions regarding medications to be given at Waskowitz. If questions are not resolved and/or the above requirements are not met, the medications will **NOT** be sent to Waskowitz.
3. The School Nurse will complete the following and give to each teacher:
Waskowitz Medication Log
Wasko;; ik 2 1 lttddt Icfedicatios Isi:str
Medications and Authorization forms. Each medication and its form in a separate zip-lock bag.
4. The School Nurse will review pertinent information and instructions about medications with the teacher.

c. Parent administered treatments

Definition: Same as staff administered treatments. A student does NOT have the skills to perform the treatments but the parent is willing and able to do so.

Examples: Same as staff administered treatments.

Required: Completed Request for Specialized Medical Treatment (parent and licensed healthcare provider) with a statement that the student is not capable of self-administering the treatment and the parent may do so.

Prior arrangements made by the School Nurse for the following:

1. Designation of parent as appropriate and willing to do the procedure
2. Determination of whether the parent will stay at Waskowitz or commute
3. Approval by Special Education, Section 504, or other departments
4. Extra service contract or other financial arrangements for the parent
5. Training of parent regarding District and Waskowitz procedures and paperwork
6. Notification of the Director of Waskowitz regarding student needs, plans including need for lodging for parent staying at Waskowitz.
7. Provision of necessary supplies and equipment by the parent/guardian

3. All health care treatments and procedures will be recorded on the Highline School District's Treatment Record. The School Nurse will prepare the Treatment Record and instruct the person providing the treatments about the specific procedure and recording. The staff member or parent performing the treatment/procedure will record the date and time on the form. For student administered treatments, the teacher will help the student record the date and time on the form. At the end of the Waskowitz session, designated Waskowitz staff members will make a copy of each Treatment Record.

The forms will be kept as followed:

Original - Teacher return to School Nurse

Copy - File at Waskowitz

**PARENT/GUARDIAN INFORMATION FOR STUDENTS NEEDING MEDICATIONS
WHILE ATTENDING WASKOWITZ OUTDOOR SCHOOL**

Dear Parents/Guardians:

If your child will be taking any medications during their week at Waskowitz Outdoor School, there is some important information you must be aware of.

1. All medications your child will take to Waskowitz Outdoor School must be accompanied by a **Medical Information form** and must be signed by the prescribing Licensed Health Care Professional and the parent or guardian. The Medical Information form is located on the back of the Permission form that will be sent home with your child prior to their week at Waskowitz Outdoor School.
2. The Medical Information form applies to both prescription medications and over-the-counter medications such as Tylenol, aspirin, acetaminophen, Benadryl, inhalers, etc. If it is necessary for your child to take any over-the-counter medications while at Waskowitz, you must have a Medical Authorization form signed by a Licensed Health Care Professional and the parent or guardian.
3. Only oral medications and inhalers are to be taken to Waskowitz. State law does not allow teachers to give eye drops, ear drops, creams or lotions. If your child requires one of these, or medications administered in any other way, please call your school nurse as soon as possible so that we can make the best arrangements for your child.
4. All medications taken to Waskowitz must be in the original container and be clearly labeled. Prescription medications must have a correct and current prescription label. Over-the-counter medications must be in an original sealed container with your child's name on the box.
5. Medications must be necessary to your child's well-being to be administered at Waskowitz. Vitamins, cough drops, acne skin lotions and herbal preparations will not be allowed unless special circumstances exist.

Please Note: All medications that your child will need while at Waskowitz Outdoor School must be at the school office by _____ before the week your child is scheduled to attend Waskowitz. All medications must be received in the original container.

Medications brought to school on Monday morning without meeting the criteria listed here will **NOT** be sent to Waskowitz. The School Nurse is not able to acquire Licensed Healthcare Provider orders or resolve other medication problems on Monday morning.

This procedure will allow time for the school nurse to review the orders and medication, instruct teachers about giving the medications, and correct any problems with the medications or orders. In this way, we will be able to provide for the safety and well-being of your child while they are at the Waskowitz Outdoor School.

Note: The only medications that will be accepted on the day your child leaves for Waskowitz Outdoor School will be medications that were prescribed during the past weekend. Any new medication and signed Medical Authorization form must be at the school office by 8:30 a.m. on the day your child leaves for Waskowitz Outdoor School.

Please call the school nurse at _____ If you have any questions or concerns.

School Nurse _____

HIGHLINE SCHOOL DISTRICT

Waskowitz Outdoor Education School Medication Log

HOME SCHOOL _____

TEACHER _____

12 Noon Dose

PLEASE PRINT

STUDENT NAME	MEDICATION	DOSE	TIME or PRN	INSTRUCTIONS <small>i.e. before/with/after food, take on hike</small>	# pills leaving school initials	# pills arrive at camp/ initials	# pills sent to school/ initials	TIMES GIVEN & INITIALS						
								MON	TUES	WED	THUR	FRI		
LAST NAME														
FIRST NAME														
LAST NAME														
FIRST NAME														
LAST NAME														
FIRST NAME														
LAST NAME														
FIRST NAME														
LAST NAME														
FIRST NAME														
LAST NAME														
FIRST NAME														

The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the camp bus leaves school.

The teacher will use this form to record all medications given with the times given, the teacher's initials and any pertinent notes for each dose.

At the end of each day, the teacher will return this form to designated camp 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 form.

Abbreviations: ref=refused

pcan= parent cancelled

NG= Not given see back for explanation

Initials /Signature of teacher giving medications: _____

Signature of nurse reviewing medications and training teacher to give medications: _____

SIGNATURE OF CAMP STAFF REVIEWING MEDICATION LOG AT END OF DAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY _____

HIGHLINE PUBLIC SCHOOLS

Waskowitz Outdoor Education School Medication Log

HOME SCHOOL _____

TEACHER _____

4 PM Dose

PLEASE PRINT

STUDENT NAME	MEDICATION	DOSE	TIME or PRN	INSTRUCTIONS <small>i.e. before/with/after food, take on hike</small>	# pills leaving school/ initials	# pills arrive at camp! initials	# pills sent to school/ initials	TIMES GIVEN & INITIALS						
								MON	TUES	WED	THUR	FRI		
LAST NAME														
FIRST NAME														
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FIRST NAME														

The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the camp bus leaves school. The teacher will use this form to record all medications given with the times given, the teacher's initials and any pertinent notes for each dose. At the end of each day, the teacher will return this form to designated camp 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 form.

Abbreviations: ref=refused pcan= parent cancelled NG= Not given see back for explanation

Initials /Signature of teacher giving medications: _____ / _____ / _____

Signature of nurse reviewing medications and training teacher to give medications: _____

SIGNATURE OF CAMP STAFF REVIEWING MEDICATION LOG AT END OF DAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY _____

HOME SCHOOL _____

TEACHER _____

As NEEDED

PLEASE PRINT

TIMES GIVEN & INITIALS

STUDENT NAME	MEDICATION	DOSE	TIME or PRN	INSTRUCTIONS <small>i.e. before lunch, after food, lake on hike</small>	# pills leaving school/initials	# pills arrive at camp/initials	# pills sent to school/initials	TIMES GIVEN & INITIALS					
								MON	TUES	WED	THUR	FRI	
LAST NAME FIRST NAME													
LAST NAME FIRST NAME													
LAST NAME FIRST NAME													
LAST NAME FIRST NAME													
LAST NAME FIRST NAME													
LAST NAME FIRST NAME													
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LAST NAME FIRST NAME													

The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the camp bus leaves school. The teacher will use this form to record all medications given with the times given, the teacher's initials and any pertinent notes for each dose. At the end of each day, the teacher will return this form to designated camp 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 form.

Abbreviations: ref=refused pcan= parent cancelled NG= Not given see back for explanation

Initials/Signature of teacher giving medications: _____

Signature of nurse reviewing medications and training teacher to give medications: _____

SIGNATURE OF CAMP STAFF REVIEWING MEDICATION LOG AT END OF DAY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY _____

HIGHLINE SCHOOL DISTRICT

HOME SCHOOL _____

Waskowitz Outdoor Education School Medication Log

TEACHER _____

8 PM /Bedtime Dose

PLEASE PRINT

STUDENT NAME	MEDICATION	DOSE	TIME or PRN	INSTRUCTIONS <small>i.e. before/with/after food, take on hike</small>	# pills leaving school! initials	# pills arrive at camp/ initials	# pills sent to school/ initials	TIMES GIVEN & INITIALS						
								MON	TUES	WED	THUR	FRI		
LAST NAME														
FIRST NAME														
LAST NAME														
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FIRST NAME														

The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the camp bus leaves school. The teacher will use this form to record all medications given with the times given, the teacher's initials and any pertinent notes for each dose. At the end of each day, the teacher will return this form to designated camp stall, who will check to make sure all medications were given correctly.

After any discrepancies are resolved, the camp stall will sign the bottom of form.

Abbreviations: ref=refused pcan= parent cancelled NG= Not given see back for explanation

Initials /Signature of teacher giving medications: / _____ _____ ▼ _____

Signature of nurse reviewing medications and training teacher to give medications: _____

SIGNATURE OF CAMP STAFF REVIEWING MEDICATION LOG AT END OF DAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY _____

HIGHLINE SCHOOL DISTRICT

Waskowitz Outdoor Education School Medication Log

HOME SCHOOL _____

8 AM / Morning Dose

TEACHER: _____

PLEASE PRINT

STUDENT NAME	MEDICATION	DOSE	TIME or PRN	INSTRUCTIONS <small>i.e. before/with/after food, take on hike</small>	# pills leaving school/ initials	# pills arrive al oamp/ initials	# pills sent to school/ initials	TIMES GIVEN & INITIALS						
								MON	TUES	WED	THUR	FRI		
LAST NAME														
FIRST NAME														
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The School Nurse will complete this form, review the medications and instructions, and give it to the teacher before the camp bus leaves school.
 The teacher will use this form to record all medications given with the times given, the teacher's initials and any pertinent notes for each dose.
 At the end of each day, the teacher will return this form to designated camp 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 form.

Abbreviations: ref=refused pcan= parent cancelled NG= Not given see back for explanation

Initials / Signature of teacher giving medications: _____ / _____ / _____

Signature of nurse reviewing medications and training teacher to give medications: _____

SIGNATURE OF CAMP STAFF REVIEWING MEDICATION LOG AT END OF DAY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY _____

<p style="text-align: center;">Highline Public Schools</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>JS.a. _____ 8/98</p>	<p style="text-align: center;">Highline Public Schools</p> <p style="text-align: center;">I EDUCATJON INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>j.S.a. _____ 8/98</p>	<p style="text-align: center;">Highline Public Schools</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.5.a. _____ 8198</p>
<p style="text-align: center;">Highline Public Schools</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>J.5.a. _____ 8198</p>	<p style="text-align: center;">Highline Public Schools</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.5.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>J.5.a. _____ B/98</p>
<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.5.a. _____ 8/98</p>	<p style="text-align: center;">Highline School DistJict</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>J.5.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>j.5.a. _____ 8/98</p>
<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.S.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSIBUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>j.5.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.5.a. _____ 8/98</p>
<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>JS.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/ instructions _____</p> <p>J.5.a. _____ 8/98</p>	<p style="text-align: center;">Highline School District</p> <p style="text-align: center;">MEDICATION INSTRUCTIONS</p> <p>Name _____ Date _____ Prescriber _____ Nurse _____</p> <p>Medication _____ Dose/instructions _____</p> <p>J.5.a. _____ B/98</p>