

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M / F  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**HEALTH CARE PROVIDER completes section below: (please print) A separate form is required for EACH Medication**

I have determined that the medication below is necessary during the school day \_\_\_\_\_ (initials of provider)

Diagnosis or reason for medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Tablet/ Capsule     Liquid     Inhaler     Nebulizer     Other \_\_\_\_\_

If the Medication is to be given DAILY, what time? \_\_\_\_\_

If the Medication is to be given WHEN NEEDED, describe indications: \_\_\_\_\_

\_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Is the child allowed to carry and self-administer a “rescue Inhaler”?  Yes     No (If yes, the child has been trained in the appropriate method and frequency of use.)

Is the child allowed to carry and self-administer a Epi Pen?  Yes     No (If yes, the child has been trained in the appropriate method and frequency of use.)

Length of time this treatment is recommended:  Duration of school year     Other \_\_\_\_\_

Significant side effects: \_\_\_\_\_

Signature of health care provider: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARENT/ GUARDIAN completes section below:**

I request that my child be allowed to take the medication as described above.  
I request that authorized school staff assist my child in taking the medication described above.  
I understand that the school staff will attempt to administer the medication in a timely manner.  
I will provide the medication in the original. Properly labeled container.  
I give permission for the exchange of information between the school staff and the health care provider.  
I understand that my signature indicates my understanding that the school staff shall not incur any liability for any injury when medication is administered in accordance with the health care provider’s direction and in accordance with District Policy and Procedure 3416 and 3416P.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day time phone number: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

## **SCHOOL MEDICATION RULES**

Whenever possible we encourage medication doses to be scheduled during non-school hours.

For those students who need medication at school, the following is required by Washington State Law (RCW 28.210.260 and 270) and must be completed and kept on file **BEFORE** the student may enroll or may be enrolled in school and **BEFORE** any medication may be administered during school hours.

### OVER-THE –COUNTER and NON-PRESCRIPTION MEDICATIONS/PRODUCTS

- Authorization for the Administration of Oral Medications Form **completed by both parent/guardian AND a licensed health care professional with prescriptive authority.**
- **MUST** be in original container labeled with student's name.

### PRESCRIPTION MEDICATIONS

- Authorization for Administration of Oral Medication Form **completed by both parent/guardian and a licensed health care professional with prescriptive authority.**
- Medication must be in a properly labeled container from the dispensing pharmacy. A pharmacy can provide a labeled container for school upon request. The label must include:
  - Students name
  - Name, strength, and dosage instructions for medication
  - Time and mode of administration.

### PLEASE NOTE:

- Request for the administration of oral medication are valid only for the medication listed and the dates indicated. Request for medication administration must be re-authorized each school year.
- Medication administered by routes other than oral may not be administered by school staff other than licensed nurses. This includes ointments, eye drops, suppositories, or non-emergency injections.
- Epinephrine auto-injectors (or EpiPens) are the only injectors that school staff will be trained to administer to a student who is susceptible to a predetermined life-endangering condition.
- All medications will be kept in the school office/health room unless otherwise directed by the student's health care provided. Please be aware that medications stored in this area may not be available to the student during non-school hours.
- It is the responsibility of the parent/guardian to ensure that necessary emergency (rescue) medications area available to their student(s) after school hours and while traveling to, from, and during after school events.