



MEDICATION AT SCHOOL

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of school hours. Medication is ordered to be given to a student at school only when necessary. Medication, unless otherwise directed, will be kept in a designated secure area and administered by the school nurse or trained school personnel.

Health Care Provider's Orders (to be completed by Health Care Provider)

Student:		Birth date:
Diagnosis for which medication is given:		
Name of Medication(s)	Dose	Time of day to be given
Side effects of drug (if any) to be expected:		
Length of time this authorization is valid:		

This student has been instructed by me and/or my office staff, and has demonstrated the ability to properly manage self-administration of the medication as ordered.		
I request and authorize this student to carry their medication/self administer Yes No		

Health Care Provider Signature:		Date:
Health Care Provider name (<i>print or type</i>):		
Phone:	Fax:	
School nurse verification of student developmental ability to self-administer medication in the school setting is required by statute.		
School Nurse:		Date:

**** If an epi-pen is administered at school, an ambulance will be called after ONE dose and the student will be transported to the nearest hospital.**

Parent Permission (to be completed by parent or guardian)

I am the parent or the legal guardian of the child named.

By law my signature indicates that I understand the district shall incur no liability as a result of any injury arising from the administration of medication by the KSD staff or as self-administered by the student.

Parents or guardians shall hold harmless the district and its employees or agents against any claim arising out of the self-administration of medication.

Signature of parent or guardian: _____ **Date:** _____

Prescription medications must be in the original labeled container from the pharmacy. Over-the-counter medication must be in the original container. Any changes to this medication will require a new medication form completed by both parent and health care provider. In case of necessity, the school district may discontinue administration of the medication with proper advance notice.



Authorization for Mutual Exchange of Confidential Information

Student	Birth date	School
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As parent/guardian of the above-named student I authorize the mutual exchange of confidential information between **Kennewick School District** and the following, agencies or individual health care providers.

Agency/Health Care Provider	Address	Phone	Fax
Agency/Health Care Provider	Address	Phone	Fax

Parent/guardian signature	Date	Student signature (as desired)	Date
Adult witness to signature	Date		

Comments:

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent or received by public schools may not be shared with any other party without the written consent of the parent/guardian, or the student (if 18 years or older and not under legal guardianship) This release may be retracted at any time, in writing, by parent/guardian or student. **This authorization can be in effect for no longer than 90 days after it is signed.**

Please send all confidential information to:

Name/Position	Address	Phone	Fax

MEDICATION AT SCHOOL RULES

- Under normal circumstances prescribed **oral** medication and **oral** over-the-counter medication should be dispensed before and/or after school hours under supervision of the parent / guardian.
- Medications will only be dispensed at school when failure to receive the medication may result in the student being unable to attend school or to be well enough to participate in learning activities.
- If a student must receive prescribed or over-the-counter **oral** medication during school hours, the parent must submit a Medication at School form completed and signed by both the parent and a licensed health care provider.
- Only the amount of medication needed during school hours for the course of the illness/condition is to be sent to school, not to exceed a one month's supply.
- Medications that must be given in half-pill doses must be cut by the pharmacy or the parent. The school will not cut pills.
- When the duration of a medication is complete or out of date, or at the end of the school year, the parent must pick up any unused portions of the medication. Unclaimed medications will be discarded.