HIGHLINE PUBLIC SCHOOLS

FOR RN: Has Emergency Care Plan: □ Anaphylaxis □ Asthma Review Date/Initial:

MEDICATION AUTHORIZATION FORM (MAF)

Student Name: _____ Date of Birth _____ Sex: □ M □ F

School: _____ Grade: _____ School Year: _____

This section to be completed and signed by a Licensed Healthcare Provider *
(One Medication Authorization Form per medication)

I have determined that the medication named below is necessary during the school day or while the student attends overnight outdoor school and field trips sponsored by the district.

Diagnosis or reason for medication: _____

Is this condition □ Mild □ Moderate □ Severe Other** □ Exercise Induced

(If Severe Anaphylaxis or Asthma-please use "Anaphylaxis/Asthma Medication Authorization Form")**

Name and strength of medication: _____

□ Tablet/capsule □ Liquid □ Other _____

If medicine is taken DAILY, specify time/s: _____

If medicine is to be given WHEN NEEDED. Describe indications: _____

_____

How soon can it be repeated? _____ How often can it be repeated? _____

Length of time this treatment is recommended: □ This school year □ **Other:** _____

Significant Side Effects: _____

Self-Carry Orders **Grades: 6-12 ONLY**: for medications that are not controlled substances: (requires School Nurse Approval):

Is child allowed to carry and self-administer this medication? _____ YES _____ No
HCP/initial

If **Yes**, I have trained this student in the purpose and appropriate method and frequency of use. _____ **HCP/initial**

* HEALTH CARE PROVIDER AUTHORIZATION

HCP's Name: _____ **HCP's Signature**: _____

HCP Phone: _____ **HCP FAX**: _____ **Date**: _____

PARENT/GUARDIAN (Please read and complete this section)

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

Date: _____ _____ Phone: _____
Parent/Guardian

Date: _____ Nurse Signature: _____ FAX: _____

OVER-THE-COUNTER (OTC) and NON-PRESCRIPTION MEDICATIONS/PRODUCTS:

- **For Grades K-5**: All OTC and non-prescription medications/products need a Medication Authorization Form completed and signed by a Licensed Health Care Provider with prescriptive authority, parent/guardian and approved by the School Nurse.
- **For Grades 6-12**: Students may carry a reasonable amount (usually a two day supply) of over-the-counter medication (such as Tylenol or ibuprofen) for their own use with appropriate authorization from the parent/guardian and approved by the School Nurse.
- MUST be in original container labeled with the student's name.
- Sunscreen: Students in ANY grade may carry and self-administer non-prescription sunscreen at school. Students may not share sunscreen with other student. Parents/guardians should write their child's name on the sunscreen container. Only rub-on sunscreen is permitted; spray sunscreen is not allowed.

PRESCRIBED MEDICATIONS:

- **For Grades K-5**: All prescription medications need a Medication Authorization Form completed and signed by a Licensed Health Care Provider with prescriptive authority, parent/guardian and approved by the School Nurse.
- **For Grades 6-12**: All prescription medication need a Medication Authorization Form signed by a licensed Health Care Provider with prescriptive authority, parent/guardian, and approved by School Nurse. Student may self-carry (usually a one day dose) and self-administer his/her own prescription medication (excluding controlled substances) when authorized by parent/guardians, Health Care Provider, and School Nurse. No controlled substances will be permitted for self-carry or self-administration, even with a Health Care Provider authorization.
- Medication must be in a properly labeled container from the dispensing pharmacy. Prescription label information must match Medication Authorization Form. A pharmacy can provide a labeled container for school upon request. The label must include:
    - Student's name
    - Name, strength and Dose of Medication
    - Time and Mode of Administration

PLEASE NOTE:

- Requests for the administration of medication are valid only for the medication listed and the date indicated. Requests for medication administration must be re-authorized each school year.
- Medication administer by routes other than oral: topical medications, eye drops , and ear drops may be administer by authorized school staff after training from School Nurse. Nasal inhalers, suppositories, or non-emergency injections may only be given my licensed staff (RN or LPN).
- Epinephrine Auto-Injectors are the only injectors that school staff will be trained to administer to a student who is susceptible to a predetermined life-endangering situation.
- **All medication will be kept in the school office/health clinic unless otherwise directed by the Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.**
- All students who need asthma or anaphylaxis medications may carry and self-administer them if the Health Care Provider authorizes that and the School Nurse determines the child can do so safely at school.
- Revocation of self-carry/administration privileges may occur if the student is found to not manage or administer the medications safely or within school or physician guidelines.
- It is the responsibility of the parents/guardians to assure that necessary emergency (rescue) medications are available to their student after school hours and while traveling to/from and during after school events.