

LONGVIEW SCHOOL DISTRICT
Authorization to Administer Medication at School

Please note: This form must be completed and signed by the parent/guardian **and** the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both **prescription** and **non-prescription** medication, or substances used as medicine. Complete a separate form for **each** medication. All medication must be transported to and from the school by a responsible adult.

PARENT/GUARDIAN REQUEST

Student Name: _____ D.O.B _____ School: _____

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or LHP's instructions for the period commencing:

START DATE: _____ TERMINATION DATE: _____ in the _____ SCHOOL YEAR.

or END of _____ SCHOOL YEAR-including summer school activities: YES ___ NO ___

Date Parent/guardian Signature Home Phone Work Phone

LICENSED HEALTHCARE PROVIDER REQUEST

MEDICATION (name, dose) _____

ADMINISTRATION SCHEDULE _____

FURTHER INSTRUCTIONS (possible reactions, etc.): This section must be completed if medication is to be dispensed for more than 15 days _____

This is a possible Emergency Medication. Student may have permission to self-carry. YES NO

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing:

START DATE: _____ TERMINATION DATE: _____ in the _____ SCHOOL YEAR.

or END of _____ SCHOOL YEAR-including summer school activities: YES ___ NO ___.

There *does* exist a valid health reason which makes administration of the medication advisable during school hours or during such a time that the student is under the supervision of school officials.

Date Licensed Healthcare Provider Signature Name (please print) Office Phone

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LONGVIEW SCHOOL DISTRICT NO. 122

MEMORANDUM TO: Licensed Health Professional
SUBJECT: Administration Of Medications at School

Pursuant to Chapter 63, Laws of 2000, the Longview School District is authorized to administer medication to students during school hours. It is our policy that such medication will only be administered when the failure to receive the medicine may result in the student being unable to attend school and/or to be well enough to participate in learning activities. We define medication to mean all drugs, whether proscriptioin or over-the-counter.

It is our policy that requests for the administration of medication is valid only for the medication listed and the dates indicated in writing on the request form and in no case will such request exceed one school year. Any request for administration during a subsequent school year shall require the request to be reauthorized. The school district through ithopks Superintendent or his/her designee, may discontinue the administration of the medication. Such notice must be provided orally or in writing in advance of the date of discontinuance.

The licensed health professional must complete and sign this form. In addition, you are also required to supply written, current, and unexpired instruction.

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