

Hamlin Robinson School

P 206.763.1167 **F** 206.763.7149 **W** www.hamlinrobinson.org **Q** 1701 20th Avenue S. Seattle WA 98144

Student Medication Policy

Washington State law does not require schools to administer medication to students during school hours. However, medication may be administered under certain conditions as a service to students and families. In the event administration of oral medication is advisable during school hours or the hours when the student is under the supervision of school personnel, the following procedures shall apply:

Medication is defined as all prescription or over-the-counter drug/medication. The school reserves the right to discontinue the service at any time.

1. Medication to be administered to a student by a school employee must be requested and authorized in writing by the student parent or legal guardian. The authorization form shall be required and must include: student name, date, name of medication, dosage, method of administration, time of day to be taken, condition requiring medication, possible side effects, special instructions, duration of the order, physician's/dentist's signature and date, physician's/dentist's name and telephone number. A portion to be signed and dated by the parent/guardian which states "I hereby authorize school personnel to administer the medication identified above, to be taken at school as ordered by the student's physician/dentist", and a statement which reads "ALL MEDICATION MUST BE IN THE ORIGINAL PHARMACY OR MANUFACTURER'S CONTAINER. THE LABEL MUST INCLUDE THE STUDENT'S NAME, NAME OF MEDICATION, DOSAGE AND MODE OF ADMINISTRATION, EXPIRATION DATE AND NAME OF PHYSICIAN", which must be completed before the medication may be administered.
2. Such request and authorization will be effective for the current school year only, unless a shorter period is specified.
3. Informed personnel may administer medication.
4. Before administering any medication, the school employee shall determine the medication is in the original pharmacy or manufacturer's container, labeled with the following information: name of student, name of medication, dosage, mode and time of administration, name of physician prescribing medication, date of expiration of prescription or effectiveness of medication.
5. NO medication shall be administered until it is determined the dosage conforms with direction and/or authority from the parent and physician.
6. All medication, including prescription and non-prescription drugs, shall be kept in a secure place. All medications shall be given immediately to school personnel and will not be kept in the possession of the student.
7. The school shall maintain a log sheet for each medication to be administered to a student. The administration of any dose of medication must be recorded on the log sheet.
8. The administration of medication to any student may be discontinued during the period for which it has been prescribed, provided the student's parent or legal guardian is given oral or written notice in advance of the date of discontinuance.



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Authorization for Administration of Medication

Student name: _____ Date: _____

Student Date of Birth: _____ Teacher: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN OR DENTIST

Name of medication: _____

Dosage: _____

Method of administration: _____

Time of day to be taken: _____

Condition requiring medication: _____

Possible side effects: _____

Special instructions: _____

Duration of order: _____

I request and authorize the above named student be administered the above identified medication in accordance with the instructions indicated, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

Physician's/Dentist's Signature: _____ Date: _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby authorize school personnel to administer the medication identified above, to be taken at school as ordered by the student's physician/dentist.

Parent/Guardian Signature: _____ Date: _____

ALL MEDICATION MUST BE IN THE ORIGINAL PHARMACY OR MANUFACTURER'S CONTAINER. The label must include the student's name, name of medication, dosage and mode of administration, expiration date and name of physician.