



Medication Authorization

Student Name: _____ Grade: _____ Birth Date: _____ Gender: _____

PARENT/GUARDIAN/ELIGIBLE STUDENT completes this section.

Check only one box:

- I request that the authorized persons at **school assist my child** in taking the medicine(s) described below.
- GRADES 7 – 12 ONLY:** I request that my child be permitted to **self-carry and/or self-administer this medication**. My child and I understand the responsibility of self-carrying medication at school. I agree to hold harmless and indemnify The Bear Creek School, its officers, employees, and agents against all claims, judgments, or liabilities arising out of my child's self-administration or carrying of medication.
- I am a student at least 18 years old** and sign this form on my own behalf (RCW 26.28.015 or RCW 70.02.130). I agree to hold harmless and indemnify The Bear Creek School, its officers, employees, and agents against all claims, judgments, or liabilities arising out of my self-administration or carrying of medication.

My signature indicates my permission for the exchange of information between the School Nurse and health care provider and my understanding that The Bear Creek School and school staff will not incur any liability for any injury when the medication is administered in accordance with the health care provider's direction and Washington law.

Date **Parent/Guardian/Eligible Student Signature** **Name (Printed)**

HEALTH CARE PROVIDER with prescriptive authority completes this section.

	Medication #1	Medication #2
Medication name:		
Dose:		
Route:		
Reason/Diagnosis:		
Time of dose:		
Side effects:		
When to repeat?		
GRADES 7 – 12 ONLY: Is this student capable of self-carry and safe administration? *	<input type="checkbox"/> Yes. This student may self-carry and self-administer. <input type="checkbox"/> No. This student may not self-carry nor self-administer.	<input type="checkbox"/> Yes. This student may self-carry and self-administer. <input type="checkbox"/> No. This student may not self-carry nor self-administer.
<i>*Checking "Yes" indicates that this student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying of medication. Student/Parent/Guardian understand the responsibilities of self-carrying at school.</i>		
Authorization for:	<input type="checkbox"/> School year + summer camp <input type="checkbox"/> Other dates:	<input type="checkbox"/> School year + summer camp <input type="checkbox"/> Other dates:

I request that the above-named student be administered the above medication in accordance with the instructions indicated, as there exists a valid health reason which makes administration advisable during school hours.

Licensed Health Care Provider's Signature: _____ **Date:** _____ Phone: _____
 Fax: _____

Instructions

Whenever possible, students should receive medications during non-school hours. For those students who need medication at school, the Medication Authorization form is required by Washington State law (RCW 28A.210.260) and must be completed and uploaded to the health portal **BEFORE** any medication may be given at school.

- All medications (*including over-the-counter* medications) to be administered at school require an authorized signature of **both** the Parent/Guardian/Eligible Student *and* a Licensed Healthcare Professional with prescriptive authority.
- Over-the-counter medication must be in the original store packaging and be labeled with student name.
- Prescription medications must be properly labeled in their original pharmacy container and must include the:
 - Student's name
 - Name and strength of the medication, including dosage to be given
 - Time and method of administration
 - Duration/frequency of administration
- Permission to possess and self-administer medication may be revoked by the school nurse if it is determined that the student is not safely and effectively carrying and self-administering medication.

Parent/Guardian Responsibilities

- Complete the top section of the Medication Authorization form and have your medical provider fill out the bottom section of the form. Determine if your student is permitted to self-carry/self-administer medication.
- Prescription and over-the-counter medications must be provided by the parent/guardian.
- Track the expiration date for medications at school and resupply as needed.
- Requests for medication administration must be re-authorized each school year.
- If medication remains at school after the course of treatment, the parent/guardian/eligible student will collect the medication from school or understand that it will be destroyed.
- It is the responsibility of the parents/guardians to ensure that necessary emergency (rescue) medications are available to their students on overnight field trips, school-related extracurricular trips, and club or team events and activities that occur after school hours.

School Responsibilities

- Persons who administer medication include School Nurses and any employee trained and supervised by a School Nurse in proper procedures for administration of medication.
- The administration of medication by the school will be recorded in the student's medical record in Magnus Health and the parent/guardian will be notified by email.
- Medications provided by parent/guardian will be tracked/checked in and out.
- The Bear Creek School will keep medications in a locked or limited access area in the health room.
- Medications will be stored in the health room unless otherwise directed by the Health Care Provider. No more than one month's supply of prescription medications will be stored in the health room. Medications stored in this area will be unavailable to the student during non-school hours.