

School:
 Return Fax #:
 Attn School Nurse



Secondary School Medication Orders

For (Student Name): _____ Date of Birth: _____

PARENT Release (Required)

I, the parent/ guardian of the above named student, request that the trained school staff be permitted to dispense the provider authorized medication as described below. I also give my permission for the exchange of information between the school district staff & the provider listed below. I understand that the unexpired medication is to be furnished by me in its original pharmacy labeled container with the name of the medication, the amount to be taken, frequency of administration, & name of health care provider. I understand that my signature below indicates my understanding that the school accepts no liability for reactions when the medication is administered in accordance with the provider's directions. This authorization is good for the current school year only. If my student's provider authorizes the student to medicate themselves at school, I, the parents/guardian, shall hold harmless & indemnify the school & Snoqualmie Valley School District's officers, employees & agents against all claims, judgments, or liabilities arising out of the self-administration & carrying of medication by the above-named student & am responsible for ensuring medication is with my student at all times if considered an emergency medication. If necessary, the school district may discontinue administration of the medication with proper advance notice. I will collect the medication from the school or understand that it will be destroyed by the school nurse at the end of the school year. I am the parent or legal guardian of the student named. According to state law no distinction will be made between prescription & over the counter medication. Therefore, this form must be signed by the parent/guardian & provider for over the counter & prescription medicines.

Parent/Guardian Signature: _____ Date: _____

LICENSED HEALTH CARE PROVIDER School Medication Authorization

	Medication 1	Medication 2
Medication Name		
Reason Prescribed		
Duration	<input type="checkbox"/> Entire current school year OR <input type="checkbox"/> Date Range: _____	<input type="checkbox"/> Entire current school year OR <input type="checkbox"/> Date Range: _____
Dosage (TOTAL to be administered)		
Strength (per tablet, liquid volume)		
Route		
Frequency *For PRN, please indicate • Indication • Frequency • Parameters for repeated doses	<input type="checkbox"/> Scheduled time _____ OR <input type="checkbox"/> PRN with details*.	<input type="checkbox"/> Scheduled time _____ OR <input type="checkbox"/> PRN with details*.
Other (indications to hold, side effects, storage requirements, etc))		
Maximum Daily Dose		
Provider Self Carry Request*	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*If requesting a student can self-carry: The provider has instructed this student on purpose, method, & frequency of use. Student demonstrates necessary skill to self-administer indicated medication, including administration devices, safely & responsibly. Student understands they may only carry enough medication for a single school day, or for the duration of an extended field trip at any one time & may not share medication with any other individuals during the school day or school sanctioned events/activities. For emergency medications, student & guardian are responsible for ensuring the unexpired medication is always with the student.

Provider Signature: _____ Date: _____

Provider Printed Name: _____ Phone: _____

Office/Address: _____ Fax: _____

Parent/Guardian Instructions for Student Medications at School

The rules of the SVSD Medication Policy are written to comply with the legal requirements of Washington State Law & dictate that for a student to be allowed medication (prescription or over-the-counter medication) at school, the student's parent/guardian needs to provide the school district the following:

- **School Medication Order**
 - Completed school medication form
 - Includes licensed healthcare provider & parent signatures
 - Current (new form completed each school year)
- **Medication Itself**
 - In the original container
 - Matches the order request
 - Non-expired

Additional Requirement Information:

District policy dictates that the school be in possession of a current & complete written request from a licensed healthcare provider, prescribing within their scope of prescriptive authority, along with parent permission, for any medication (either prescription or over-the counter) to be at school & before it can be dispensed. Nor should students have any medication in their possession without this in place as this would violate school drug policy & potentially be subject to discipline. A **completed School Medication Order form** would fulfill this requirement.

State law relates to **over-the-counter (non-prescription) medication**. RCW 28A.210.260 & 270 does not make a distinction between prescription & non-prescription medication. Both require a medication order signed by a licensed healthcare provider.

Students with **Emergency medications** at school for potentially life-threatening conditions (i.e. allergies, asthma, seizures, etc.). may be **required** to have emergency medications & orders at school to be allowed to attend school. Students who have had emergency medication at school previously (i.e. epinephrine, rescue inhalers, Diastat, nasal midazolam, etc.) need to have these medications & the medication order, turned in prior to the first day of school. If the emergency medication is no longer medically necessary, a signed licensed health care provider letter indicating this is needed to discontinue it & have the student no longer subject to this attendance requirement.

Additional Self Carry Conditions:

If the provider and parent request self carry, the school team may grant permission by taking into account age, maturity and capability of the student, the nature of the medication, the circumstances under which the student is to administer the medication and other issues relevant in the specific case. In general, permission is not granted for controlled substances at all grade levels and for non-emergency medications at elementary levels. If permission is granted, the student must only carry enough medication for a single school day, or for the duration of an extended field trip, at any one time & may not share medication with any other individuals during the school day or school sanctioned events/activities. For emergency medications, the student & guardian are responsible for ensuring the unexpired medication is always with the student. The parent/guardian is responsible for ensuring that the student understands these conditions. Violation of any conditions placed on the student permitted to carry and/or self administer, may result in termination of that permission as well as the imposition of discipline when appropriate.

If you have any questions/concerns about having medication at school for your student, please reach out to your school nurse.

Building Nurse Name and Contact