



EASTSIDE CATHOLIC

2024-25 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FOR MIDDLE SCHOOL STUDENTS ONE MEDICATION PER FORM

Student Name _____ Birthdate _____ Grade _____

THIS PORTION TO BE COMPLETED BY THE PARENT OR GUARDIAN

I give my permission for the exchange of information between Eastside Catholic School and the licensed healthcare provider listed.

Medication _____ Dosage _____ Time to be given _____

Diagnosis or reason for medication/other medication the student is taking _____

I request and authorize the school to administer the identified medication to the above student in accordance with the healthcare provider's prescribed instructions, not to exceed the current school year. I give my permission for the exchange of information between the school and the licensed healthcare provider. I understand that the medication is to be furnished by me in the original container. For the self-administration of an inhaler or EpiPen, I authorize my child to carry and self-administer such medication, if authorized by a licensed practitioner. I shall hold harmless and indemnify Eastside Catholic School's officers, employees and agents against all claims, judgments or liabilities arising out of the self-administration of medication as described.

Student may carry and self-administer emergency medications only YES NO

Parent or guardian signature _____ Date _____ Cell phone _____

Health Room approval _____ Date _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTHCARE PROVIDER ONE MEDICATION PER FORM

Diagnosis for which medication is given _____

Medication _____ Dosage _____ Route _____

If daily, time to be given _____

If the medicine is prescribed for a limited length of time, please write the duration _____

List possible side effects _____

Other information _____

For inhalers Student is capable of carrying and self-administration *YES NO

For EpiPen/EpiPen Jr. Student is capable of carrying and self-administration *YES NO

*Checking YES indicates that the student has been instructed in the purpose and appropriate method/frequency of use.

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated. Medication orders are good for the current school year, unless a shorter period is specified or unless 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.

Health care provider's signature _____ Date _____

Health care provider's printed name _____

Phone number _____ Fax number _____

School nurse approval _____ Date _____

HEALTHCARE PROVIDERS, PLEASE NOTE For all patients requiring LONG-TERM PRESCRIPTIONS (i.e., diabetics, asthmatics, severe allergies), a written prescription and a long-term care plan are required to provide the best care possible to the student during the school year. See Medication Policy for Middle School Students on the reverse side.



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Medication Policy for Middle School Students

An **Authorization for Administration of Medication to Middle School Students** MUST be filled out and on file before any medication can be given. Please carefully READ the following criteria for all medications students may take or carry to school. Whenever possible we encourage medication doses to be scheduled during non-school hours.

For those students who need medication at school, the following is required by Washington State Law

OVER-THE-COUNTER MEDICATIONS/PRODUCTS

- An **Authorization for Administration of Medication for Middle School Students** form must be completed by a parent or guardian **and** a licensed healthcare provider with prescriptive authority.
- Over-the-counter medication **must** be in its original container with expiration dates checked by the parent or guardian.
- All over-the-counter student medications must be provided and delivered to the Health Room by a parent or guardian.
- All medications will be distributed by the nurse. No middle school students are permitted to carry their own medication.

SHORT-TERM PRESCRIBED MEDICATION (15 school days or less)

- An **Authorization for Administration of Medications for Middle School Students** form must be completed by both parent/guardian **and** a licensed healthcare provider with prescriptive authority.
- Prescribed medication must be in a properly labeled container. You may ask for a duplicate container at the dispensing pharmacy.
- Parents must deliver the prescription medications to the Health Room.

LONG-TERM PRESCRIBED MEDICATION (16 school days or more)

- An **Authorization for Administration of Medication for Middle School Students** form must be completed by a parent or guardian **and** a licensed healthcare provider with prescriptive authority.
- Prescribed medication must be in a properly labeled container. You may ask for a duplicate container at the dispensing pharmacy.
- Parents must deliver long-term prescription medication to the school.
- **Additional detailed instructions and a care plan are required from your licensed healthcare provider.**

Please note: A non-nurse school staff member can only give oral medications. EpiPens are the only exception.