29818 S. North Pine Creek Road
Spangle, WA 99031

LIBERTY SCHOOL DISTRICT
MEDICATION AUTHORIZATION FORM

Phone: (509) 624-4415
Fax: (509) 245-3530

STUDENT NAME:_____ Birthdate: _____

SCHOOL: _____ Grade/Teacher: _____ / _____

DO NOT use this form for students needing emergency medications for Asthma or Severe Allergy/Anaphylaxis at school. An Asthma or Severe Allergy Plan, which includes medication orders, is required (RCW28.A210 + 370). Plans are available from the school nurse office or district website: www.libertysd.us (Departments -> Health -> Documents and Forms)

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

Name of Medication*	Dosage	Method of administration	Time(s) of day to be given

***One medication per request form**

Reason for medication: _____

For as needed medications, specify the minimum length of time between doses: _____

Possible side effects and action needed if noted at school: _____

For short-term inhaler treatment for respiratory infection: In my office, this student has demonstrated the ability to correctly self-administer this medication (inhaler or other device) and may carry the medication on his/her person.
☐ Yes ☐ No ☐ N/A

I request/authorize the above-named student be administered the above-named medication in accordance with the instructions indicated above from_____to_____or the entire school year including summer months (if applicable), as there exists a valid health reason which makes administration of medication advisable during school hours. **Medication orders are valid for the current school year only.**

Licensed Health Professional's Signature: _____ Date of Signature: _____

Phone #:_____ Fax:_____ LHP's Name (print):_____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN. *Please read Parent Information on the reverse/below.*

I have read and understand the parent information regarding medication at school (reverse side) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of_____to_____ or one entire school year including summer months (if applicable). Medication orders are valid for the current school year only.

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule. I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF the above medication is an inhaler device that will be used for a short period of time:

For short-term inhaler treatment for respiratory infection:

My child will carry inhaler on his/her person and is trained and capable to self-administer. ☐ Yes ☐ No ☐ N/A

I will provide a second "back up" inhaler that will be kept in the health room medication cupboard. ☐ Yes ☐ No ☐ N/A

Note: If your child requires medication for asthma or anaphylaxis for an extended period of time, contact your school nurse. An Asthma or Severe Allergy Care Plan which includes medication orders is required.

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Parent/Guardian Signature: _____ Date of Signature: _____

Home Phone:_____ Work/Cell Phone:_____ Alternate Phone: _____

School Nurse Signature:_____ Date: _____

This record must be maintained by the school district for 8 years.

PARENT INFORMATION: MEDICATIONS AT SCHOOL

Dear Parent/Guardian:

Your child's safety and the safety of others is our primary concern when medication is needed during school hours. Whenever possible, medications should be administered at home, outside of school hours. All medication needed at school, whether over-the-counter or prescription, requires a completed medication authorization form. Students are not allowed to possess or carry any medication. The only exception is for emergency life-saving medication due to asthma, allergies, or diabetes.

The following requirements must be met if trained school personnel administer medication to your child during the school day (RCW 28A.210.260.270):

1. **Medications given by mouth, eye drops, and ear drops may be administered by school staff.**
   - No medication requiring injection shall be administered by unlicensed school personnel except for automatic injector pens ordered for an emergency allergy reaction (i.e. Epi-Pen).
2. **Medication must be delivered to school by the student's parent/guardian or other responsible adult.**
   - Please allow time for school staff to count pills/capsules with you and obtain your signature on the medication check-in form.
   - If half pills are needed, parents must split them prior to delivering the medication to the school.
3. **A medication request form must be completed before any medication can be given by school staff.** This form is available from the school nurse office or at: www.libertysd.us (Departments -> Health -> Documents and Forms)
   - The form must be **completed and signed by the student's LHP (Licensed Health Care Provider).**
   - The form must be **completed and signed by the student's parent/guardian.**
   - A form must be submitted for each medication**, including over-the-counter medications** such as pain relievers, cough drops, cold medicines and **prescription medications**.
   - The completed medication request form can be hand delivered, mailed or faxed to school.
4. **All medication must be in a properly labeled container.**
   - Prescription medication must be in a container labeled by a pharmacist or physician with the correct name of medication, dosage, and time for school administration.
   - Over-the-counter medication must be in its original container, labeled with your child's name.

Self carry/administration requirements:
For the safety of all students, it is school district policy that only emergency medications such as Epi Pens, inhalers, insulin, and antihistamine be self-carried and administered by students who have a life-threatening care plan on file. To self-carry emergency medication, the student must be able to responsibly self-administer. All other nonemergency medications, including over-the-counter and prescription, are to be stored securely in the health room and administered by trained staff.

Note: Additional requirements are required for students that self-carry/administer for *asthma or severe allergy.*

Other considerations:
- The building principal/designee has the right to further restrict medications that are self-carried.
- A student that is not using their emergency medication responsibly may lose their right to self-carry.
- A medication record will be maintained for all students for which medication is administered by school staff.
- Medications shall be returned directly to the parent/guardian or destroyed when discontinued or at the end of the school year.
- Diabetic students are guaranteed the right to carry insulin and all supplies necessary for treatment, monitoring and emergency situations (emergency snacks, glucose tablets, water bottles, etc.).

Thank you for your cooperation and assistance in maintaining a safe school environment.

Miranda Holling, BSN, RN
School District Nurse
mholling@libertysd.us
(509) 245-3211 Ext.7-2225