



药物授权表- 3416P附件A

学年(School Year): _____

(MEDICATION AUTHORIZATION FORM - 3416P Exhibit A)

适用于所有处方药或在学校使用的非处方药

(For ALL prescription or over the counter medications administered at school)

学校(School): _____

传真(Fax): 425-456 _____

此部分必须由父母/监护人填写: (请打印) This section must be completed by the PARENT / GUARDIAN: (please print)

学生(Student): _____ 生日(DOB): _____ 等级(Grade): _____

申请使用的药品(Medication(s) requested): _____

医疗保健提供者(Health Care Provider): _____ 电话和传真(Phone & Fax): _____

请仅勾选以下一个方框并签名(Please check only one box & sign below):

我申请学校的授权人员帮助我的学生服用以下药品。(I request that the authorized persons at school assist my student in taking the medicine(s) described below)

我申请允许我的孩子自行携带和或自行管理这种药物。我和我的孩子都了解学校自行携带药物的责任，并认识到学校不会跟踪药品合规性，有效期限或药剂量。我同意保护学校和贝尔维尤学区的官员，雇员和代理人免受因自我管理和我的学生携带药物而引起的所有索赔，判决或责任的损害。(I request that my child be allowed to self-carry and/or self-administer this medication. My student and I understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by my student.)

我今年18岁，代表我自己签署了这份表格。我同意保护学校和贝尔维尤学区的官员，雇员和代理人免受因自我管理携带药物而引起的所有索赔，判决或责任的损害。(I am 18 years old and signing this form on my own behalf. I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of my self-administration and carrying of medication.)

我理解:

- 我将跟踪药品的有效期。(I will keep track of expiration dates for the medication(s))
- 我的签名代表我允许护士和医疗保健提供者之间就该药物处方交换信息。(My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.)
- 我将提供原装药物，并自行从学校取回。(I will furnish medication(s) in original container and pick up medication(s) from the school)

父母/监护人/学生签名 (Parent/Guardian/Student signature) 日期(Date): _____ 电话(Phone): _____

本节将由医疗服务提供者填写(请打印): (MD, DO, ND, DMD, DC, PA, ARNP或CNM)

This section to be completed by the HEALTH CARE PROVIDER (please print):

	药物1 (Medication #1)	药物2 (Medication #2)
药品名称 (MEDICATION name):		
剂量 (DOSE):		
用药途径, 选一项 (ROUTE, circle one):		
原因/诊断 (Reason/Diagnosis) (如果是肾上腺素, 请说明特定过敏原) (if epinephrine, please state specific allergens):		
给药时间 (Time of dose):		
副作用 (Side effects):		
再次服用的时间 (When to repeat)?		
学生是否能够自行携带和安全管理药品?* <i>(Is student capable of self-carry & safe administration? *)</i>	<input type="checkbox"/> 是-学生可以自行携带和自行管理 (Yes - student may self-carry and self-administer) <input type="checkbox"/> 否-学生不得自行携带 (No - student may not self-carry) <input type="checkbox"/> 否-学生不得自行管理 (No - student may not self-administer)	<input type="checkbox"/> 是-学生可以自行携带和自行管理 (Yes - student may self-carry and self-administer) <input type="checkbox"/> 否-学生不得自行携带 (No - student may not self-carry) <input type="checkbox"/> 否-学生不得自行管理 (No - student may not self-administer)
<p>*勾选“是”表示学生已充分了解该药物使用的目的, 适当的使用方法和频率, 并了解如何安全携带药物。学生/家长/监护人了解学校的药物自给责任。 *Checking “Yes” indicates that 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.</p>		
授权于 (Authorization for):	<input type="checkbox"/> 学年 (School Year) <input type="checkbox"/> 其他日期 (Other dates):	<input type="checkbox"/> 学年 (School Year) <input type="checkbox"/> 其他日期 (Other dates):
<p>我要求上述指定的学生按照指示服用上述药物, 因为存在一个合理的健康原因, 所以建议在学校时间服用药物。 (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.)</p>		
授权医疗服务提供者签名 (Licensed Health Care Provider's Signature):	日期 (Date)	电话 (Phone):
		传真 (Fax):

3416P附件A于2018年7月修订

(3416P Exhibit A Revised July 2018)



药物授权表 - 3416P附件A

(MEDICATION AUTHORIZATION FORM - 3416P Exhibit A)

在大多数情况下，如果学生需要药物(处方或非处方)，应在上学前和或放学后在家给药。如果有合理的健康原因要求学校工作人员在上课时间给学生施药，或在学生接受学校官员监督的时间内，应根据《联邦护士条例》第28A.210.320号，《联邦护士条例》第28A.210.260号和《华盛顿州护士执业法》适用以下程序。(In most cases where a student needs medication (prescription or non-prescription) it should be given before and or after school hours at home. If there is a valid health reason which requires school staff to administer medication to a student during school hours, or during the hours in which the student is under the supervision of school officials, the following procedures shall apply consistent with RCW 28A.210.320, RCW 28A.210.260 and the Washington State Nurse Practice Act.)

关于以下类别药物的一份由父母或监护人提供的事先书面请求和授权以及来自药物的开方授权医疗保健提供者的药物医嘱必须存档：(A prior written request and authorization) (over) from the parent/guardian and medication orders from the prescribing licensed Health Care Provider must be on file for the following categories of medication:)

1. 任何非处方药(除防晒类) Any over-the-counter non-prescription medication (except sun-screen)
2. 所有处方药 (All prescription medication)

书面授权将在本学年生效，除非是较短的时间期限并由获得许可的医疗服务提供者指定的。Written authorization will be effective for the current school year unless a shorter time period is specified by the licensed Health Care Provider.

父母/监护人责任: (Parent/Guardian responsibilities:)

- 填写药品授权表的顶部部分(填写每一行)。Complete the top section of medication authorization form (fill in every line).
 - 让医务人员填写药物授权表的底部部分。Have Health Care Provider fill out bottom section of medication authorization form.
 - 与医疗保健提供者确定学生是否可以携带和或管理自己的药物。如果是一请在父母和医疗保健提供者那一栏中指明 (With the Health Care Provider, determine if student can carry and/or administer their own medication. If yes - indicate so in both parent and Health Care Provider sections)
 - 确保在返回学校前完成表格 Ensure form is completed before returning form to school
 - 必须在贴有正确标签的药品容器中提供药品 Medication must be provided in a properly labeled container
 - 成人必须在学校送药和取药。如有例外的情况，请咨询学校护士及校长。 Adults must deliver and pick up medication to/from school. If there are extenuating circumstances, please consult school nurse and principal.
 - 跟踪学校药品的过期日期，并根据需要进行再补给 Track the expiration date for medications at school and resupply as needed
- >
- 如果您在休息期间将药物带回家安全保管，请注意对于有个人健康计划的学生，药物**必须**在放假后的第一天立即**返回**学校。If you take medication home for safe-keeping over breaks, be aware that for students with Individual Health Plans, medication **must be returned** to school promptly on the first day after break.
 - **父母/监护人请注意：**您孩子的健康信息，IHP和药物仅用于学校日间和学校赞助的外出活动。延长日，育儿，俱乐部，学前和课后，晚上，和夏季活动不能访问此个人健康计划或保存在医务室的药品。请联系这些直接活动/项目主办方。Parents/Guardians please note: Your child's health information, IHP and medication is for use during the school day and on school-sponsored field trips only. Extended day, childcare, clubs, before & after school, evening, and summer activities do not have access to this Individual Health Plans or medication kept in the Health Room. Please contact these activities/programs directly.

处方药品必须位于标有以下字样的原始药房容器中：
Prescription medication must be in original pharmacy container labeled with:

- 学生姓名 (Student Name)
- 药品名称 (Medication Name)
- 药物强度 (Strength of medication)
- 剂量 (Dose)
- 管理时间 (Time of administration)

非处方药物应放在原始容器中，并带有：Non-prescription medication should be provided in the original container with:

- 学生姓名 (Student name)

学校职责: School responsibilities:

- 管理药物人员包括学校护士和任何受过学校护士培训和监督的雇员, 他们掌握了适当的药物管理程序 (Persons who administer medication include School Nurses and any employee trained and supervised by a School Nurse in proper procedures for administration of medication)
- 药物管理将记录在单个药物日志中 (The administration of medication will be recorded on an individual medication log)
- 家长/监护人提供的药品将被跟踪/签入和签出 (Medications provided by parent/guardian will be tracked/checked in and out)
- 学校将把药物存放在 卫生间的地点 (School will keep medications in a secure location in the Health Room)

法律参考资料(Legal references):

RCW 28A.210.320 健康状况危及生命的儿童---药物或治疗令(RCW 28A.210.320 Children with life-threatening health conditions — Medication or treatment orders)

RCW 28A.210.260公立和私立学校---药物管理---条件(RCW 28A.210.260 Public and private schools — Administration of medication — Conditions)

RCW 28A.210.270公立和私立学校-- 药物管理-- 责任豁免--中止, 程序(RCW 28A.210.270 Public and private schools — Administration of medication — Immunity from liability — Discontinuance, procedure)