



RAINIER SCHOOL DISTRICT

"Home of the Cougars, Mountain Lions, and Mountaineers"

Elementary

600 Third Street West /PO Box 98
Rainier, WA 98576
Phone: 360-446-4020
Fax: 360-446-4022

Middle

202 2nd Street West/PO Box 98
Rainier, WA 98576
Phone: 360-446-2206
Fax: 360-446-7414

High

308 2nd Street West/PO Box 98
Rainier, WA 98576
Phone: 360-446-2205
Fax: 360-446-2208

Authorization for Administration of Medication at School

Please note: This form must be completed and signed by the parent/guardian **and** the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both **prescription** and **non-prescription** medication. Complete a separate form for **each** medication. All medication must be transported to and from the school by a responsible adult.

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: Elementary Middle High GRADE: _____

THIS PORTION TO BE COMPLETED AND SIGNED BY THE LICENSED HEALTH PROFESSIONAL IF IT IS NECESSARY TO DISPENSE MEDICATION DURING SCHOOL HOURS

Name of Medication	Dosage	Route	Time to be Taken	Indication/Dx
If PRN, specific length of time between doses: _____				
Reason for medication to be given during school hours: _____				
Possible side effects of medication: _____				
Emergency procedure in case of serious side effects: _____				

Permission to Carry/Self-Administer Medication:

Inhaler: YES NO EpiPen: YES NO Insulin: YES NO (insulin injections may not be delegated to unlicensed staff)

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for school year _____ to _____. 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. Such medication may be administered by trained school personnel.

Date of Signature ()	Signature of Licensed Health Professional ()	Name (Please print or type)
Phone	FAX	Address
		City
		Zip Code

PORTION BELOW TO BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. You have my permission to communicate with this health care provider in order to make arrangements for the care and supervision of my child. I request and authorize the school to administer the above identified medication to the above identified student in accordance with the prescriber. I understand and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed.

Permission for my student to carry and self-administer Inhaler: YES NO EpiPen: YES NO Insulin: YES NO

I understand the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student, and parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claim arising out of the self-administration of medication by the student.

Date of Signature	Parent/Guardian Signature	Home Phone	Work Phone
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Reviewed by School Nurse _____ Date: _____



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Parent Information on Medication at School

Pursuant to the State of Washington laws, administration of ORAL, TOPICAL, EYE, AND EAR MEDICATION may be provided at school if all conditions are met:

- I. **All Medications**- must be accompanied by a completed **and** signed Authorization for Administration of Medication at School form (**signed by both the parent AND licensed healthcare professional prescribing within the scope of their prescriptive authority**):
 1. Must be brought to the school office by the parent, not the student.
 2. Half-dosages of tablet form medications should be cut prior to being provided to the school.
 3. Medication will be counted by school staff and parent, and acceptance log signed by both, for all medication brought to school.
 4. Medication left past scheduled last day of school year will be destroyed according to district policy.

- II. **Prescription Medications**- must be accompanied by a completed **and** signed Authorization for Administration of Medication at School form:
 1. All medication must be in the original prescription bottle and properly labeled with the student's name, name of medication, medication strength, medication dosage, medication route, date and time of day to be given, and the name of prescribing licensed healthcare professional.
 2. The directions on the Authorization Form **must match** the directions on the prescription bottle.
 3. Sample medications must also be properly labeled and in the original container or package.

- III. **Non-Prescription Medications**- (i.e. cough drops, vitamins, aspirin, cough syrup, topical preparations, or any over-the-counter medication)- must be accompanied by a completed **and** signed Authorization for Administration of Medication at School form:
 1. Non-prescription medication must be in the original package and **must be labeled by the parent** with the student's name, name of medication, medication strength, medication dosage, medication route; date and time of day to be given, and the name of prescribing licensed healthcare professional.

- IV. **Injectable Medications** – must be accompanied by a completed **and** signed Authorization for Administration of Medication at School form:
 1. Injectables — If a student is susceptible to a pre-determined, life-endangering situation, school personnel may assist the student with an auto-injection, i.e. Epinephrine Auto Injector. Emergency medical personnel from the community may be called upon to administer injectable medications.

- V. **Inhalers and Epinephrine** - must be accompanied by a completed **and** signed Authorization for Administration of Medication at School form:
 1. Students prescribed Asthma medications **must also provide an “Asthma Action Plan” completed by prescriber in addition to the Medication Authorization form.**
 2. Students prescribed Injection/Nasal Epinephrine **must also provide a “Severe Allergy Reaction Plan” completed by prescriber in addition to the Medication Authorization form.**
 3. Inhalers & Epinephrine Auto Injectors:

The prescribing licensed healthcare professional and parent must state in writing on the Authorization form, if the student is to carry an inhaler or epinephrine injector/nasal. The school nurse will also be part of this decision. The school shall not be responsible for documentation of carried medications self-administered by the student.