

MEDICATION ADMINISTRATION AUTHORIZATION AT SCHOOL

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____

This section to be completed by HEALTH CARE PROVIDER - ONE MEDICATION PER FORM
AUTHORIZATION FOR SCHOOL YEAR _____ (e.g. 2025-2026)

Diagnosis:	
Medication:	
Strength:	Possible side effects:
Dose:	
Route:	Emergency procedure in case of serious side effects: Call 911 Other: _____
If daily, time medication should be given:	
If PRN, indications for administration:	Anticipated action of medication:
Length of time between doses:	
If approved by School Nurse, can this student self-carry and self-administer medication? This student may self-carry this medication at school ☐ Yes ☐ No This student is trained and capable of self-administering this medication ☐ Yes ☐ No	

I request and authorize that the above-named student be administered the above-named medication in accordance with the instructions indicated. 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. Medication may be administered by non-licensed school personnel.

Health Care Provider Signature_____
Printed Name_____
Date_____
Clinic/Office(_____) _____
Phone Number(_____) _____
Fax Number**This section is to be completed by PARENT/GUARDIAN**

- For medication that the student does not self-administer: I authorize the school to administer the above-named medication to my student in accordance with the above order by my student's Health Care Provider.
- I understand and acknowledge it is my responsibility to provide medication in the original container and with an appropriate expiration date, and that it is my responsibility to refill this medication when it is used or expired.
- If my student has permission to self-carry and/or self-administer this medication, my student and I understand the responsibility of self-carrying medication at school and recognize the school will not track regulatory compliance, expiration date, or amount remaining for self-carried medication. On behalf of my student and as their parent/guardian, I agree to hold harmless and indemnify the Lake Washington School District and its officers, employees, and agents against all claims, demands, damages, costs, judgments, or liabilities arising out of or resulting from or caused by self-administration and/or self-carrying of medication by my student.
- I understand and acknowledge (1) that a district RN may not be available to administer the above-named medication and that (2) this order is valid only for the current school year, which includes summer school.

Signature of Parent/Guardian_____
Date_____
Printed Name(_____) _____
Phone Number

Cedar Springs Camp April 8th to April 10th , 2026
Mark Twain Elementary School

MEDICATION CUT-OFF DATE: MONDAY, MARCH 2nd, 2026

It's camp time again! In order to make the process for parents, physicians, teachers and myself as smooth as possible, I have listed out the critical key points in regards to medications at camp.

- All prescription medications, over-the-counter medications, lotions, creams and insect repellants MUST have a medication authorization form completed for Lake Washington School District.
- Sunscreen use is covered by the Sunscreen letter and that needs to be completed by parents/ guardians.
- ONE medication per Medication Authorization Form.
- Medications must be provided in the original container. Prescription medications must have a correct and current prescription label and that label MUST match what the provider has written on the Medication Authorization Forms. This includes dosing, strength, whether it is a liquid or a pill.
- Over-the-counter medications must be in an original sealed container with your child's name on the box. PLEASE ONLY send small bottles appropriate for camp.
- Medication forms AND medications MUST be turned in together by a Parent or Guardian. I will not accept forms ahead of time without medications.
- Medications and forms WILL NOT be accepted after MONDAY, MARCH 2nd, 2026.
- If your student takes a controlled substance, please make arrangements with me to bring the meds and forms to school. These medications must be signed in and counted by the RN and the parent/ guardian together.
- Medications that are sent to school with students to be turned in will not be accepted.
- Sunscreen and insect repellent sprays of any kind are not allowed. Please be respectful of the students who have asthma and keep the sprays at home.
- Eye drops and nasal sprays are allowed IF your student is able to self-administer.
- Only inhalers are allowed to be self-carry at camp.
- ANY FORMS THAT ARE NOT COMPLETED CORRECTLY, WILL BE RETURNED TO THE PARENT AND IT WILL BE THE PARENT'S RESPONSIBILITY TO HAVE THE PROVIDER FIX THE FORM.
- Please contact me at jesgordon@lwsd.org if you have questions/ concerns regarding medications at camp.