

Elma School District

Discontinuation of Medication Administration at School

Student _____ **Grade** _____
Estudiante _____ *Grado* _____

Medication _____ **Health Condition** _____
Medicación _____ *Condición de salud* _____

My student no longer needs this medication to be given at school. If this medication was needed to treat a potentially life-threatening condition, I understand that I must provide the signature of the prescribing licensed health care provider below to verify that the medication is no longer needed. Without this signature, my student may be at risk for exclusion per **RCW 28A.210.320**.

*Mi estudiante ya no necesita este medicamento para ser impartido en la escuela. Si era necesario este medicamento para tratar una potencialmente vida amenazante, entiendo que yo debo proporcionar la firma de nuestro proveedor de cuidado de la salud abajo para verificar que esta medicación ya no es necesario. Sin esta firma, puede ser mi estudiante está en riesgo de exclusión por **RCW 28A.210.320**.*

Additionally, I will notify the school nurse if my student's health care needs change in the future.
Además, notificaré a la enfermera la escuela si la salud de mi estudiante cambia en el futuro.

Parent/guardian signature _____ **Date** _____
Firma del padre _____ *Fecha* _____

To be Completed by the Licensed Health Care Provider

Debe ser completado por el proveedor de cuidado de la salud

I confirm that _____ no longer needs the following medication at school:

Name of medication _____

Reason medication is being discontinued _____

LHP signature _____ Date _____

LHP printed name _____ Phone _____

Please return to your school nurse.
Lo regresa a la enfermera de la escuela.

Elementary School Kortney Williams, District RN 360-482-2632 Ext 1169 Kwilliams@eagles.edu	Middle School Kacie Horton, Health Aide 360-482-2237 Ext 2113 Khorton@eagles.edu	High School Shannon Curl, LPN 360-482-3121 Ext 3109 Scurl@eagles.edu
--	--	--