



MEDICATION AUTHORIZATION FORM

This form covers ALL prescriptions or over-the-counter medications administered at school and must be completed by the PARENT / GUARDIAN and signed by a LICENSED PROVIDER.

Name:	DOB:
Year:	Grade:
Medication(s) Requested:	
Healthcare Provider:	
I request that the authorized people at school assist my student in taking the medicine(s) described below. I understand that: • I will keep track of expiration dates for the medication(s) • My signature gives permission for the exchange of information between the School Nurse and the Health Care Provider regarding this medication order • I will furnish medication(s) in original container and pick up medication(s) from the school	
Parent/Guardian Signature:	Date: Phone:

This section to be completed by the HEALTH CARE PROVIDER (please print): (MD, DO, ND, DMD, DC, PA, ARNP or CNM)

	Medication #1	Medication #2
MEDICATION name:		
DOSE:		
ROUTE, circle one:	Oral - Sublingual - Topical Inhaled - Nasal Eye Drops - Ear Drops - Injectable - Rectal	Oral - Sublingual - Topical Inhaled - Nasal Eye Drops - Ear Drops - Injectable - Rectal
Reason/Diagnoses (if epinephrine, please state specific allergens):		
Time of dose:		
Side effects:		
When to repeat?		
Authorization for:	☐ School year ☐ Other dates:	☐ School year ☐ Other dates:

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 that makes administration advisable during school hours.

Licensed Health Care Provider's Signature & Stamp:	Date:	Phone: Fax:

Please email the completed form to: forms@chestnuthillacademy.com

MEDICATION AUTHORIZATION FORM

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.

A prior written request and authorization from the parent/guardian and medication orders from the prescribing licensed Health Care Provider must be on file for the following categories of medication:

- Any over-the-counter non-prescription medication (except sun-screen)
- All prescription medication

Written authorization will be effective for the current school year unless a shorter time period is specified by the licensed Health Care Provider.

Parent/Guardian Responsibilities:

- Complete the top section of the medication authorization form (fill in every line).
- Have the Health Care Provider fill out the bottom section of the medication authorization form.
- Ensure the form is completed before returning it to school.
- Prescription medication must be provided in an original pharmacy container labeled with Student Name, Medication Name, Strength of Medication, Dose, Time of Administration.
- Adults must deliver and pick up medications from school. If there are extenuating circumstances, please consult the school nurse and principal.
- Track the expiration date for medications at school and resupply as needed
- 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.

School Responsibilities:

- Persons who administer medication include School Nurses and any employee trained and designated by a School Nurse in proper procedures for the administration of medication
- The administration of medication will be recorded on an individual medication log
- Medications provided by parent/guardian will be tracked/checked in and out
- School will keep medications in a secure location in the Clinic

Legal references:

RCW 28A.210.320 Children with life-threatening health conditions — Medication or treatment orders
RCW 28A.210.260 Public and private schools — Administration of medication — Conditions

RCW 28A.210.270 Public and private schools — Administration of medication — Immunity from liability — Discontinuance, procedure