



Authorization to Administer School Provided Over-the-Counter Medications

Student Name: _____ Grade: _____ Birth Date: _____ Gender (circle): M / F

PARENT/GUARDIAN/ELIGIBLE STUDENT completes this section.

Check only one box:

- ☐ I request that the authorized persons at **school assist my child** in taking the medicine(s) described below.
- ☐ **GRADES 7 – 12 ONLY:** I request that my child be permitted to **self-carry and/or self-administer these medications**. My child and I understand the responsibility of self-carrying medication at school. I agree to hold harmless and indemnify The Bear Creek School, its officers, employees, and agents against all claims, judgments, or liabilities arising out of my child's self-administration or carrying of medication.
- ☐ **I am a student at least 18 years old** and sign this form on my own behalf (RCW 26.28.015 or RCW 70.02.130). I agree to hold harmless and indemnify The Bear Creek School, its officers, employees, and agents against all claims, judgments, or liabilities arising out of my self-administration or carrying of medication.

My signature indicates my permission for the exchange of information between the school nurse and health care provider and my understanding that The Bear Creek School and school staff will not incur any liability for any injury when the medication is administered in accordance with the health care provider's direction and Washington law.

Date Parent/Guardian/Eligible Student Signature Name (Printed)

HEALTH CARE PROVIDER with prescriptive authority completes this section.

Authorized	Medication	Indication	Dose and Frequency	Route	Other Instructions
☐	Tylenol/Acetaminophen	Relief of minor aches and pains	Per label based on age/weight	Oral	Do not administer for head injuries
☐	Advil/Ibuprofen	Relief of minor aches and pains	Per label based on age/weight	Oral	Do not administer for head injuries
☐	Zyrtec/Cetirizine HCL	Allergy symptoms	Per label based on age/weight	Oral	
☐	Benadryl/Diphenhydramine	Allergy symptoms	Per label based on age/weight	Oral	
☐	Tums/Calcium Carbonate	Indigestion	Per label based on age/weight	Oral	
☐	Antiseptic Skin Wash	Wound cleaner	Per label	Topical	
☐	Sting Relief/ Antiseptic + Pain Reliever	Insect bite, nettles	Per label	Topical	
☐	First Aid Burn Cream/ Antiseptic + Pain Reliever	Minor skin wounds	Per label	Topical	

GRADES 7 – 12 ONLY: Is this student capable of self-carry and safe administration? *

- ☐ Yes. This student may self-carry and self-administer.
☐ No. This student may **not** self-carry nor self-administer.

* **Checking "Yes"** indicates that this student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying of these OTC medications. Student/Parent/Guardian understand the responsibilities of self-carrying at school.

Authorization for: ☐ School year + summer camp ☐ 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 which makes administration advisable during school hours.

Licensed Health Care Provider's Signature:

Date:

Phone:

Instructions

Whenever possible, students should receive medications during non-school hours. For those students who need medication at school, a Medication Authorization form is required by Washington State law (RCW 28A.210.260) and must be completed and uploaded to the health portal **before** any medication may be given at school.

All medications (**including over-the-counter** medications) to be administered at school require an authorized signature of **both** the Parent/Guardian/Eligible Student *and* a Licensed Healthcare Professional with prescriptive authority.

Parent/Guardian Responsibilities

- Complete the top section of the Medication Authorization form and have your medical provider fill out the bottom section of the form. Determine if your child is permitted to self-carry/self-administer medication.
- Grades 7 – 12 only:
 - Any medications authorized to be self-carried by your child must be provided by the parent/guardian in the original store packaging.
 - Except in the case of multi-dose devices (like asthma inhalers), your child may **only** carry **one day's supply** of medication at a time. If your child is self-carrying medication on a field trip, he or she may carry the amount of medication required only for the duration of the trip.
 - Parents are responsible for ensuring their child understands and abides by the rules and responsibilities associated with the possession and self-administration of medication at school as outlined in the Family Handbook.
 - Permission to possess and self-administer medication may be revoked by the school nurse if it is determined that the student is not safely and effectively carrying and self-administering medication.
- Requests for medication administration must be re-authorized by a Licensed Healthcare Professional with prescriptive authority each school year.
- If medication remains at school after the course of treatment, the parent/guardian/eligible student will collect the medication from school or understand that it will be destroyed.

School Responsibilities

- Over-the-counter medication listed on this form (page 1) will be provided by the school health room (with the exception of those designated for self-carry and self-administration).
- Persons who administer medication include school nurses and any employee trained and supervised by a school nurse in proper procedures for administration of medication.
- Medication administered by the school will be recorded in the student's medical record in Magnus Health, and the parent/guardian will be notified by email.
- The Bear Creek School will keep over-the-counter medications in a locked or limited access area in the health room. Medications stored in this area will be unavailable to the student during non-school hours.

Do not upload these instructions.