Seattle Christian SCHOOL

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MEDICATION AUTHORIZATION FORM (MAF)

Student Name: Date of Birth: Sex: ☐ M ☐ F
School: Grade: School Year:

This section to be completed and signed by a Licensed Healthcare Provider
(One Medication Authorization Form per medication)

I have determined that the medication named below is necessary during the school day or while the student attends overnight outdoor school and field trips sponsored by the Seattle Christian School (SCS).

Diagnosis or reason for medication: _____
This condition is: ☐ **Severe/Life threatening** ☐ Mild ☐ Moderate ☐ Exercise-induced

For allergies/asthma please list specific allergens: _____
Name of Medication/Strength: _____ **Dose:** _____
Route: ☐ Oral ☐ IM ☐ Inhaled ☐ Other _____

If medicine is taken DAILY, specify time/s: _____

If medicine is to be given AS NEEDED (PRN) describe indications: _____
_____

How soon can it be repeated? _____ How often can it be repeated? _____
Length of time this treatment is recommended: ☐ This school year ☐ **Other:** _____

SELF CARRY ORDERS

Grades: 7-12 ONLY: requires School Approval: No controlled substances will be permitted for self-carry or self-administration, even with proper Health Care authorization.
Is child allowed to carry and self-administer this medication? _____ YES _____ No
If **Yes**, I have trained this student in the purpose and appropriate method and frequency of use. _____
LHCP signature

HEALTH CARE PROVIDER AUTHORIZATION

LHCP's Name: _____ LHCP's Signature: _____ Date: _____

LHCP Phone: _____ LHCP FAX: _____

PARENT/GUARDIAN (Please read and complete this section)

- I request that my child be allowed to take the medication(s) as described above. I understand that it is pending school nurse approval.
- I request that authorized school staff assist my child in taking the medication(s) described above.
- I understand that school staff will attempt to administer medication(s) in a timely manner.
- I will provide the medication in the original, properly labeled container.
- I understand that my signature indicates my understanding that the school staff shall not incur any liability for any injury when the medication is administered in accordance with the health care provider's direction and in accordance with the District Policy and Procedure.
- I give permission for the exchange of information between school staff and health care provider.

Date: _____ Parent/Guardian Signature: _____

Phone: _____

Email: _____

SCHOOL GUIDELINES FOR MEDICATIONS

If a student must receive prescribed or non-prescribed medications during school hours, the following procedures must be followed:

- Washington state law permits school staff to administer medication only in limited situations.
- SCS does not employ a school nurse. Medication may be administered by non-licensed school personnel.
- Prescribed or non-prescribed (OTC) medication may be dispensed to students on a scheduled basis once a completed Medical Authorization Form, signed by an LHCP (Licensed Health Care Provider) and parent/guardian is on file.
- The authorization is valid for the current academic school year, unless a shorter time period is specified.
- The medication, supplied by the parent/guardian, must be in the original, properly labeled container, including any over the counter medication and samples. Each medication must be labeled with student's name and must match the Medical Authorization Form.
- If changes occur in the medication order, the parent/guardian is responsible for notifying the school and providing verification and updated Medical Authorization Form from the LHCP.
- In grades 7-12, where the parent and LHCP believe it is in the best interest of the student that he/she carry the medication, the student shall have a signed copy of this Medical Authorization form. Only one day's dosage (in originally labeled container) shall be carried by the student. Prior submission of this form to the Secondary office MUST be on file. *There will be no self-administration of medications by students in grades K-6.*
- For self-carry / self-administration the student must demonstrate his/her ability to correctly evaluate his/her symptoms and use of the medication(s).
- Seattle Christian School accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHCP order or for self-carried medications.
- Epinephrine Auto-Injectors are the only injectors that school staff will be trained to administer to a student who is susceptible to a predetermined life-endangering situation.
- All medication will be kept in the school office unless otherwise directed by the Licensed Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.
- All students who need asthma or anaphylaxis medications may carry and self-administer them if the Licensed Health Care Provider authorizes that.
- Revocation of self-carry/administration privileges may occur if the student is found to not manage or administer the medications safely or within school or physician guidelines.

Procedures and requirements as outlined are pursuant with RCW 28A.210.260, RCW 28A.210.270, and RCW 28A.210.275

STUDENT SIGNATURE (FOR SELF-CARRY) **DATE**

THIS PORTION TO BE COMPLETED BY PARENT/ GUARDIAN

My signature below indicates that I have read, understand, and will abide by Seattle Christian Schools medication policy.

PARENT/ GUARDIAN PRINT NAME **DATE**

PARENT/ GUARDIAN SIGNATURE **PHONE NUMBER**