STANWOOD-CAMANO SCHOOL DISTRICT #401

AUTHORIZATION / ORDERS FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Medication should only be given at school when absolutely necessary. Whenever possible the parent/guardian and licensed health care provider are urged to design a schedule for giving medication outside school hours. It is understood that trained unlicensed personnel may administer medication. Medication not authorized for self-carry will be kept in the health room. **Medication(s) at school must have a written order signed by a health care provider and have a parent/guardian signature.**

Student Name: _____ Birth Date: _____

School: _____ Teacher: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP) PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY

The Stanwood-Camano School District accepts no responsibility for untoward reactions when the medication is given in accordance with the directions of the student's health care provider.

Name of Medication	**Dosage**	**Directions/Time(s) to be Given** (i.e., 2 tablets as needed every 4 hours)	**Diagnosis/Reason for Medication**

Form of Medication/Treatment: ☐ Tablets/capsules ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nasal Spray ☐ Other

Refrigeration of any medication required? ☐ Yes ☐ No

Possible side effects of medication: ☐ None anticipated ☐ Yes, please describe: _____

_____

Permission to self-administer:

Inhaler:	☐ Yes	☐ No	Insulin:	☐ Yes	☐ No	Epinephrine:	☐ Yes	☐ No	
Eye Drops:	☐ Yes	☐ No	Ear Drops:	☐ Yes	☐ No	Topicals: (ointments, creams, lotions)	☐ Yes	☐ No	

I request and authorize that the above-named student be administered the above identified medication(s) in accordance with the instructions indicated above from _____ (date) to _____ (date) **(not to exceed current school year)** as there exists a valid health reason which makes administration of medication advisable during school hours.

_____ _____

Licensed Health Professional Signature | Date of Signature

_____ _____

Name (Print) | Telephone Number

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Due to unforeseen circumstances, I understand a dose may be delayed or missed. When notified by school personnel that medication remains after the course of treatment or medication is left over at the end of the school year I will collect the medication from the school or understand that it will be destroyed. The school assumes no responsibility for self-carried inhalers, insulin, or epi-pens. In the event a safety issue arises, the school administrator, and/or registered nurse have the right to notify the parent/guardian/student and discontinue the self-medication privilege. The medication will then be kept in the health room and dispensed by trained staff. You have my permission to communicate freely with this health care provider.

Permission to self-administer:

Inhaler:	☐ Yes	☐ No	Insulin:	☐ Yes	☐ No	Epinephrine:	☐ Yes	☐ No	
Eye Drops:	☐ Yes	☐ No	Ear Drops:	☐ Yes	☐ No	Topicals: (ointments, creams, lotions)	☐ Yes	☐ No	

Inhaler, Insulin, Epinephrine is located: ☐ Nurse's Office ☐ With Student

_____ _____

Parent/Guardian Signature | Date of Signature

_____ _____

Home Phone: | Cell Phone:

STANWOOD-CAMANO SCHOOL DISTRICT #401

The following information is for parents/guardians regarding district Medication At School Policy (3416) and Procedure (3416P), and the requirements of Washington State RCW 28A.210.260 and RCW 28A.210.270.

These policies and procedures are to ensure that students receive medication at the direction and authorization of the student's health care provider, with the knowledge and authorization of the parent/guardians, and in accordance with the law.

1. The dispensing of medication at school is discouraged and it is recommended that medications be given either before or after school with the exception of medications that cannot be given on an alternative schedule.

2. Medications must be brought to school by a parent or another responsible adult and taken to the health room for secured storage.

3. Prescription medication must be in a labeled container from the pharmacy that includes the student's name, current date, and name of medication, instructions for administration and the prescribing licensed health care provider's name. Non-prescription, homeopathic, and over-the-counter medications must be in their original container/packaging and labeled with the student's name.

4. A Medication Administration Form must be signed by a parent/guardian and the prescribing licensed health care provider and must accompany all medication: prescription, non-prescription, over-the-counter and homeopathic. A new form must be submitted for any changes in dosage or frequency.

5. If your student has asthma, diabetes or a history of anaphylaxis and you and your health provider feel it is necessary to carry a "rescue" inhaler, diabetic supplies, or an EpiPen® at all times then a Medication Authorization Form must be completed and signed by both parent/guardian and the prescribing licensed health care provider with a request giving permission to carry and self-administer.

6. In the event a safety issue arises, the school administrator, and/or licensed school nurse have the right to notify the parent/guardian and discontinue the carry and self-administer permission.

7. A new Medication Administration Form must be submitted annually with each school year.

8. Oral or written notice (preferred) by parent/guardian is required before discontinuation of administration of medication.

9. Medication or supplies remaining after the course of treatment or uncollected at the end of the current school year will be destroyed.

10. Medication dosage(s) may be delayed or missed due to unforeseen circumstances.

11. Medications other than oral, eye, ear, or topical may need to be administered by a licensed nurse: epinephrine auto injectors (Epi Pen, Auvi-Q) are an exception.

12. The school district reserves the right to reject requests for administering medication and to contact the prescribing licensed health care provider for any questions/concerns.

Contact your school nurse if you have any questions or concerns regarding medication at school.