



EARLY LEARNING MEDICATION AUTHORIZATION FORM (MAF)

Student Name: _____

Date of Birth: _____

Sex: ☐ M ☐ F

School: _____

Program: ECEAP/Developmental Preschool/Ready K (circle one)

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

Diagnosis or reason for medication: _____

This condition is: ☐ Severe/Life threatening ☐ Mild ☐ Moderate ☐ Exercise-induced

For allergies/asthma please list specific allergens/triggers: _____

Name of Medication/Strength: _____ **Dose:** _____

Route: ☐ Oral ☐ IM ☐ Inhaled ☐ Other _____

Medication Side Effects: _____

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: _____

HEALTH CARE PROVIDER AUTHORIZATION

HCP's Name: _____ **HCP's Signature:** _____ **Date:** _____

HCP Phone: _____ **HCP FAX:** _____

PARENT/GUARDIAN

(Please read and complete this section)

I request that my child be allowed to receive the medication described above. I will provide the medication in the original, properly labeled container. I understand that staff will administer medication according to the healthcare provider's instructions and program policy. I give permission to exchange information between program staff and the healthcare provider.

I understand that medication will remain at the program site and will not be transported daily. I understand unused medication will be returned or destroyed per policy.

Date: _____ **Parent/Guardian Signature:** _____ **Phone:** _____

Date: _____ **Nurse Signature:** _____ **FAX: 206-631-** _____ **Email:** _____

Parent Delegation to Early Learning Staff

I confirm that I have spoken with and delegated medication administration to the designated early learning staff. I understand that the School Nurse may provide training and consultation on medication administration but cannot delegate tasks under Washington law (WAC 110-300 and NCOAC guidance). I agree that staff will administer medication according to the healthcare provider's instructions and program policy.

Parent/Guardian Signature: _____ **Date:** _____

Lead Teacher Signature: _____ **Date:** _____

Additional staff: _____ **Date:** _____ **Additional staff:** _____ **Date:** _____

Additional staff: _____ **Date:** _____ **Additional staff:** _____ **Date:** _____

OVER THE COUNTER (OTC) and NON-PRESCRIPTION MEDICATIONS/PRODUCTS:

- All OTC and nonprescription medications/products require a Medication Authorization Form completed and signed by a Licensed Health Care Provider (HCP) with prescriptive authority and parent/guardian and reviewed by the School Nurse.
- Medication must be in the original container labeled with the child's name.
- Sunscreen: Students in ANY grade may carry and self-administer nonprescription sunscreen at school. Students may not share sunscreen with another student. Parents/guardians should write their child's name on the sunscreen container. Only rub-on sunscreen is permitted; spray sunscreen is not allowed.

PRESCRIBED MEDICATIONS

- All prescription medications require a Medication Authorization Form completed and signed by a Licensed Health Care Provider, parent/guardian, and reviewed by the School Nurse.
- Medication must be in a properly labeled container from the dispensing pharmacy. Prescription label information must match the Medication Authorization Form. The label must include child's name, medication name/strength/dose, time and route of administration.
- A pharmacy can provide a labeled container for school upon request.

PLEASE NOTE

- Requests for medication administration are valid only for the medication listed and the dates indicated. Requests must be re-authorized each school year or when orders change.
- Medication administered by routes other than oral (topical, eye drops, ear drops) may be given by trained staff after documented training. Non-emergency injections, nasal inhalers, or suppositories may only be administered by licensed healthcare professionals (RN or LPN) **unless otherwise permitted under WAC 110-300 with documented training for preschool staff and written parent authorization.**
- Epinephrine auto-injectors and other emergency medications will be stored in an accessible but child-inaccessible location for rapid response.
- All medication will be kept in a locked cabinet or lockbox unless otherwise directed by the Health Care Provider. Emergency medications will be accessible to staff but secured from children.
- Controlled substances require locked storage and weekly counts by two staff members.
- Staff administering medication must complete required training and competency checks.
- Parents/guardians are responsible for ensuring emergency medications are available for their child during non-school hours and transportation.
- Parents/guardians delegate medication administration to preschool staff. The School Nurse may provide training and consultation on medication administration but cannot delegate tasks under Washington law (WAC 110-300 and NCQAC guidance).