

North Beach School District No. 64
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT NAME: _____ BIRTH DATE: _____
SCHOOL: _____ GRADE: _____

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

Diagnosis or reason for medication: _____

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time to be Taken</u>
_____	_____	_____	_____

If given PRN, specify the minimum length of time between doses: _____

I request and authorize this student to **carry** their medication: Yes No

I request and authorize this student to **self-administer** their medication: Yes No

In agreeing that this student may self-administer medication, I concur that this student has been instructed and demonstrated the ability to properly manage self-administration of medication.

Possible **side effects** of medication: _____

Emergency Procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified medication 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 the medication advisable during school hours.

Licensed Health Professional (LHP) Signature

Date of Signature

Name (please print)

Telephone Number

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

- I request this medication to be given as ordered by the licensed health professional.
- I give Health Services Staff permission to communicate with the medical office about this medication. I understand that oral/topical medications and eye/ear drops may be administered by non-licensed staff members who have been trained and are supervised by a Registered Nurse.
- Medication information may be shared with school staff working with your child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.

I request and authorize my child to carry and/or self-administer their medication: Yes No

(The parent/guardians shall hold harmless and indemnify the school and North Beach School District Board Members, employees, and agents against all claims, judgements or liabilities arising out of the self-administration and carrying of medication by their child.)

Parent/Guardian Signature

Date of Signature

Telephone # _____ (home) _____ (work) _____ (cell)

Registered Nurse Reviewed: _____ on _____

SCHOOL MEDICATION RULES

WHENEVER POSSIBLE WE ENCOURAGE MEDICATION DOSES TO BE SCHEDULED DURING NONSCHOOL HOURS.

For those students who need medication at school, the following is required by Washington State Law (RCW 28A.210.260 and 270) and must be completed and on file **BEFORE** any medication may be given.

OVER-THE-COUNTER and NON-PRESCRIPTION MEDICATIONS/PRODUCTS

- Authorization for Administration of Oral Medication Form **completed by both parent/guardian AND a licensed health care professional with prescriptive authority.**
- **MUST** be in original container labeled with the student's name.

PRESCRIBED MEDICATION

- Authorization for Administration of Oral Medications Form **completed by both parent/guardian AND a licensed health care professional with prescription authority.**
- Medication must be in properly labeled container from the dispensing pharmacy. A pharmacy can provide a labeled container for school upon request.
 - ❖ Student's name
 - ❖ Name, Strength and Dose of Medication
 - ❖ Time and Mode of Administration
- Provide no more than a 20 day supply.

PLEASE NOTE

- Requests for the administration of oral medication are valid only for the medication listed and the dates indicated. Requests for medication administration must be re-authorized each school year.
- Medication administered by routes other than oral, topical (i.e., ointments), eye drops or ear drops may not be administered by school staff other than licensed nurses. These may include but are not limited to nasal inhalers, suppositories, or non-emergency injections.
- Epinephrine Auto-Injector and Midazolam (nasal spray) are the only emergency medications that school staff will be trained to administer to a student who is susceptible to a predetermined life-endangering situation.
- **All medications will be kept in the school office/health clinic unless otherwise directed by the Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.**
- It is the responsibility of the parents/guardians to assure that the necessary emergency (rescue) medications are available to their students after school hours and while traveling to/from and during after school events.

Thank you for your cooperation.