

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

This authorization will expire at the end of the school year, or earlier as determined by the health care provider.

Student _____	Birth Date _____	Grade _____
Prescribing Health Care Provider's Name/Phone _____		
<u>CHECK THE BOX THAT APPLYS TO YOUR CHILD:</u>		
<input type="checkbox"/> I request that a trained school staff member assist my child to take the medication described below, according to the health care provider's instructions. The medication will be stored for the student in the health room. For self-administration of medication: <i>I acknowledge that the School District shall incur no liability as a result of any injury arising from my child's self-administration of his/her medication. I shall indemnify and hold harmless the District and it's employees or agents against any claims arising out of the self-administration of medication by my child.</i>		
<input type="checkbox"/> For Inhaler or EpiPen: My child has my permission, and is capable and responsible enough, to carry and self administer an asthma inhaler or EpiPen as authorized below. See #9 on the back.		
<input type="checkbox"/> Applies to CHIMACUM & PORT TOWNSEND School Districts, Grades 6-12 ONLY: My middle or high school age child has permission to carry and self administer a single dose/day of this medication in an original container. See # 9 on the back.		
Date _____	Parent/Guardian Signature _____	Home Phone _____ Emergency Phone _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER

*Please note: **ONLY ONE MEDICATION PER FORM.***

*By WAC, school staff are **ONLY** authorized to administer oral medication, asthma inhalers and EpiPens.*

Diagnosis or condition for which medication is given:
Method of administration: <input type="checkbox"/> oral tablet/capsule <input type="checkbox"/> oral liquid <input type="checkbox"/> asthma inhaler <input type="checkbox"/> nebulizer <input type="checkbox"/> EpiPen
Name of medication and dose:
Time of administration for DAILY medication:
If given AS NEEDED, <u>specify length of time between doses and indication for usage:</u>
<input type="checkbox"/> For an asthma inhaler or EpiPen ONLY, this student may carry and is capable of self-administration.
<input type="checkbox"/> Oral medication for a 6 th – 12 th grades ONLY: This student may carry and self-administer <u>a single dose</u> per day of this medication. (Carrying and self-administration of controlled drugs is <u>never</u> allowed at school.)
Possible side effects of medication:
Emergency procedure in case of serious side effects:
This authorization is valid: <input type="checkbox"/> For the current School Year; or <input type="checkbox"/> From _____ <input type="checkbox"/> To _____
I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated, as there exists a valid health reason that makes administration of the medication advisable during school hours.
Date _____ Health Care Provider Signature _____ Health Care Provider Name (PRINT) _____

Please see reverse side for Required Guidelines on Providing Medication for School Administration.

Adapted from The Administration of Medication in Schools and RCW 's: 28A.210.260, 28A.210.270, 28A.210.370 8/07

PROVIDING MEDICATION FOR SCHOOL ADMINISTRATION

Whenever possible, medication for students should be scheduled to be given during non-school hours. For those who need prescription or over the counter medication at school, the following is required by Washington State Law and/or school district policies and procedures in order to protect both the student and the school. Students may not carry on their person any prescription or over the counter medication, except as explained in numbers 8 and 9 below.

1. **Who can prescribe medication:** Health care providers who may authorize medication administration at school within their prescriptive authority include: medical doctor (M.D.); osteopathic doctor (O.D.); dentist (D.D.S.); advanced registered nurse practitioner (ARNP); or physician assistant (P.A.).
2. **Required form that must be provided each school year:** An Authorization for Administration of Medication at School form is valid for the current school year only, must be completed and signed by both a parent/guardian and health care provider before medication can be dispensed to a student by trained staff, or carried and self-administered by students. A signed form must be on file for both prescription and over the counter medication, one form per medication. If the dosage changes, a new form is required.
3. **Delivering medication to the school office:** Medication to be kept in the health room for students or for field trips must be delivered to the school office by a parent/guardian or other designated adult. All medication must be counted by the school secretary, witnessed by a parent/guardian/designated adult.
4. **Required medication containers:** Medication must be in the original prescription bottle, or original over the counter container, with a current label. Do not send medication to school in an envelope or baggie.
5. **Required medication labels:** Prescription medication - including asthma inhalers - must be properly labeled by a pharmacy with the student's name, name and dose of the medication, and when it is to be given.
6. **Medication that can be legally dispensed by trained school staff:** Schools are authorized to dispense oral medication, asthma inhalers and EpiPens only. School staff may not dispense eye or ear drops, nasal inhalers or topical medication. Parents may bring medication to school and give it to their child themselves.
7. **Medication left at the end of the school year:** Medication remaining at the end of the school year will be discarded unless it is picked up by the parent/guardian within five days of the end of school. Medication will not be sent home with the student.
8. **Self-carrying / Self-administration of asthma inhalers and EpiPens:** See Policy/Procedure 3419. Summary: Authorization for Administration of Medication at School forms for inhalers and EpiPens will be valid for the current school year only. The student will demonstrate to the prescribing health care practitioner and an RN at school the skill necessary to use the medication appropriately. A student's authorization to carry and self-administer medication for asthma or anaphylaxis may be limited or revoked by the building principal after consultation with the RN and parent/guardian if the student demonstrates an inability to responsibly possess and self-administer the medication.
9. **Carrying and Self-administration of medication (in addition to #8 above) may be allowed for students in grades 6-12 ONLY, for CHIMACUM and PORT TOWNSEND School Districts ONLY, if the following occur:** 1) the health care provider and parent/guardian indicate permission to carry/self-administer on a current Authorization for Medication at School form; 2) the student may carry only a single dose per day of the medication in an original, labeled medication container; 3) approval is granted by the principal and RN health consultant. **Carrying and self-administration of controlled medication as defined by the FDA is never allowed** (for example, medication to treat ADHD and most prescription pain medication). Permission to carry and self-administer medication may be revoked if the student demonstrates inability to responsibly do so.