



Student Name: _____ Birth Date: _____ ID#: _____ Gender: _____

School: _____ Teacher: _____ Grade: _____ School Year: _____

HEALTH CARE PROVIDER completes this section: (please print)

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 district:

Diagnosis or reason for medication: _____

Is this condition: Mild Moderate Severe/Life-Threatening (Please choose ONE)

Name and Strength of medication: Name: _____ Dose: _____

Tablet/Capsule Liquid Inhaler Nebulizer Other _____

If medicine is taken DAILY, specify time: _____

If medicine is to be given WHEN NEEDED, describe indications: _____

How soon can it be repeated? _____

Length of time this treatment is recommended: This School Year (includes summer) Other: _____

Significant side effects: _____

All Grades: Asthma/Anaphylaxis Meds. Self Carry Approval (requires School Nurse Approval):

Child is trained and allowed to carry and self-administer "asthma/anaphylaxis meds." Yes _____ No _____
MD/initials MD/initials

Grades 7-12 only: for medications that are not controlled substances: (requires School Nurse Approval):

Is child allowed to carry and self-administer this medication? _____ Yes _____ No _____
MD/initials MD/initials

If yes, I have trained this student in the purpose and appropriate method and frequency of use. _____ Initials

Date: _____ Health Care Provider Signature: _____

Phone #: _____ Print Name: _____

Fax #: _____ Address: _____

PARENT/GUARDIAN completes this section:

I request that my child be allowed to take the medication as described above, I understand that 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 in a timely manner.
I will provide the medication in the original, properly labeled container.
I give my permission for the exchange of information between the school staff and health care provider.
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.

(Date) (Parent/Guardian Signature) (Daytime Phone) (Emergency Phone)

School Nurse Approval: _____ (signature) Date _____

School Nurse Fax # _____

SCHOOL MEDICATION RULES

Whenever possible we encourage medication doses to be scheduled during non-school 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 (OTC) and NON-PRESCRIPTION MEDICATIONS/PRODUCTS:

- **For grades K-6:** All OTC and non-prescription medications/products need a Medication Authorization Form completed and signed by a licensed health care provider with prescriptive authority, parent/guardian, and approved by the School Nurse.
- **For grades 7-12:** Students may carry a reasonable amount (usually a two day supply) of over-the-counter medication (such as Tylenol or ibuprofen) for their own use with appropriate authorization from the parent/guardian and approved by the School Nurse.
- **MUST** be in original container labeled with the student's name.
- **Sunscreen:** Students in ANY grade may carry and self-administer non-prescription sunscreen at school. Students may not share sunscreen with other students. 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:

- **For grades K-6:** All prescription medications need a Medication Authorization Form completed and signed by a licensed health care provider with prescriptive authority, parent/guardian, and approved by the School Nurse.
- **For grades 7-12:** All prescription medications need a Medication Authorization Form signed by a licensed health care provider with prescriptive authority, parent/guardian, and approved by School Nurse. Student may self-carry (usually a one day dose) and self-administer his/her own prescription medication (excluding controlled substances) when authorized by parent/guardian, health care provider, and School Nurse. No controlled substances will be permitted for self-carry or self-administration, even with health care provider authorization.
- Medication must be in a properly labeled container from the dispensing pharmacy. Prescription label information must match Medication Authorization Form. 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 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 medications, eye drops, and ear drops may be administered by authorized school staff after training from School Nurse. Nasal inhalers, suppositories, or non-emergency injections may only be given by licensed nurses (RN or LPN).
- 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 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.**
- All students who need asthma or anaphylaxis medications may carry and self administer them if the health care provider authorizes that and the School Nurse determines the child can do so safely at school.
- 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.
- It is the responsibility of the parents/guardians to assure that 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.