

AUTHORIZATION for ADMINISTRATION of MEDICATION AT SCHOOL

THIS PORTION MUST BE COMPLETED BY THE PARENT/GUARDIAN.

STUDENT _____ D.O.B. _____ Grade _____

HEALTH CARE PROVIDER & PHONE _____

CHECK THE BOX THAT APPLIES TO YOUR CHILD:

- I request that school staff assist my child to take the medication described below according to the health care provider's instructions. I will deliver the medication to the office in an original container and understand it will be stored in the office or health room.

FOR CARRYING AND SELF-ADMINISTRATION OF MEDICATION: 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 its employees or agents against any claims arising out of the self-administration of medication by my child.

- Non-oral Medication, all grades:** My child has permission and is capable of carrying and self-administering the medication checked below, responsibly and in an original container:
 Asthma Inhaler; Eye Drops; Ear Drops; Nasal Spray; Topical Medication
- Oral Medication grades 6-12 ONLY (never allowed for controlled drugs):** My child has permission and is capable of carrying and self-administering a single dose per day of this oral medication, responsibly and in an original container.

DATE

PARENT/GUARDIAN SIGNATURE

PHONE

THIS PORTION MUST BE COMPLETED BY AN MD, OD, ARNP, PA or DDS ONLY ONE MEDICATION PER FORM

This authorization expires at end of the school year or sooner as indicated below.

DIAGNOSIS FOR WHICH MEDICATION IS GIVEN:

METHOD OF MEDICATION ADMINISTRATION: (Do **NOT** use this form for Epinephrine, Diastat or Midazolam)

- oral pill; oral liquid; asthma inhaler; topical; eye drops; ear drops; nasal spray

NAME OF MEDICATION AND DOSE:

DAILY MEDICATION TIME OF ADMINISTRATION:

AS NEEDED MEDICATION LENGTH OF TIME BETWEEN DOSES AND INDICATIONS FOR USE:

CARRYING ASTHMA INHALERS ALL GRADES: This student may carry & self-administer an asthma inhaler and per RCW 28A.210/370A, has demonstrated correct use to the health care provider.

ORAL MEDICATION GRADES 6-12 ONLY: This student may carry and self-administer a single dose per day of this medication. (Carrying and self-administering controlled drugs is never allowed at school.)

MAY CARRY/SELF-ADMINISTER ALL GRADES: eye drops; ear drops; topical med; nasal spray

POSSIBLE SIDE EFFECTS:

VALID FOR: The Current School Year; or From _____ To _____

I authorize the above named student to be administered this medication at school as directed.

DATE

SIGNATURE HEALTH CARE PROVIDER

PRINT HEALTH CARE PROVIDER

MEDICATION FOR STUDENTS AT SCHOOL GUIDELINES

These guidelines reflect Washington State law and School District policies, created to support student health and safety. Trained school staff can assist students with administering their oral and topical medication, asthma inhalers, eye and ear drops, nasal sprays and EpiPens. Required medication forms are available in school offices and on some district websites.

1. **REQUIRED FORM:** A current, unexpired Authorization for Administration of Medication at School form is required for all prescription and over the counter medication, including: oral and topical medication; asthma inhalers; eye and ear drops, and nasal sprays (see #7 below for EpiPens). Authorization forms are required for both for medication kept in the office to be administered by staff, and for medication carried and self-administered by students.
2. **HEALTH CARE PROVIDERS WHO CAN LEGALLY AUTHORIZE MEDICATION FOR USE AT SCHOOL:** Medical Doctors (M.D.); Osteopathic Doctors (O.D.); Dentists (D.D.S.); Advanced Registered Nurse Practitioners (ARNP); Physician Assistants (P.A.)
3. **DELIVERING MEDICATION TO THE SCHOOL OFFICE:** Medication to be kept in the school office and for field trips must be delivered to the office by a parent or designated adult. All medication must be logged in by office staff with the adult who brings in the medication. It must be in an original pharmacy or factory labeled container **ONLY**.
4. **CARRYING and SELF-ADMINISTERING ORAL MEDICATION** is allowed only for students in grades 6-12, if the following guidelines are followed: 1) The health care provider and parent have checked permission to do so on a current Authorization; 2) the student does so in a responsible manner and carries only a single dose per day in an original pharmacy or factory labeled container. (Carrying and self-administration of controlled medication as defined by the FDA is NEVER allowed - for example methylphenidate or prescription pain medication.)
5. **CARRYING and SELF-ADMINISTERING ASTHMA INHALERS** is allowed for students in all grades if the parent and provider have checked permission to do so on a current Medication Authorization. And/or inhalers can be stored in the office to be administered as needed by school staff.
6. **CARRYING and SELF-ADMINISTERING TOPICAL MEDICATION, EYE and EAR DROPS, and NASAL SPRAYS** is allowed in all grades if the parent and health care provider have checked permission to do so on a current Medication Authorization, the student does so in a responsible manner, and the medication is carried in an original factory or pharmacy labeled container. And/or medication can be stored in the office to be administered as needed by school staff.
7. **REQUIRED FOR STUDENTS WITH EPINEPHRINE (EpiPen) FOR SEVERE ALLERGIES:** Complete, current for each school year Severe Allergy Medication Administration and Emergency Response Plan, a Health Care Plan and prescribed medication must be provided in order to attend school. A student's EpiPen can be kept in the school office and/or classroom, and/or students can carry their EpiPen if the parent and provider have checked permission to do so on current forms.
8. **MEDICATION NOT PICKED UP BY A PARENT AT THE END OF THE SCHOOL YEAR** will be safely discarded.

UPDATED 10/13