



## AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Clallam Bay School	PHONE (360) 963-2324	FAX (360) 963-2228
Neah Bay Elementary School	PHONE (360) 645-2382	FAX (360) 645-2708
Neah Bay Jr. / Sr. High School	PHONE (360) 645-2221	FAX (360) 645-2574

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER

*Please Note: **ONLY ONE MEDICATION PER FORM***

By WACs, trained school staff are **ONLY** authorized to administer oral medication, asthma inhalers and Epi-Pens.

<u>Name of Medication</u>	<u>Dose</u>	<u>Method of Administration</u>	<u>Times to be Taken</u>
<ul style="list-style-type: none"> <li>• Diagnosis or condition for which medication is given: _____</li> <li>• If given PRN, specify the minimum length of time between doses: _____</li> <li>• I request and authorize this student to carry their inhaler and /or epi-pen _____ YES _____ NO</li> <li>• I request and authorize this student to self-administer their medication _____ YES _____ NO</li> <li>• This student has been instructed and has demonstrated the ability to properly manage self- administration of medication. _____ YES _____ NO</li> <li>• Possible side effect of medication: _____</li> <li>• Emergency procedure in case of serious side effects: _____</li> <li>• This authorization is valid [ ] for the current school year OR [ ] from: _____ to _____</li> <li>• 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.</li> </ul>			
_____	_____	_____	_____
Date	Licensed Health Care Provider Signature (LHCP)	Printed name (LHCP)	
Telephone Number of the LHCP: _____			

### 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 trained health services staff permission to communicate with the medical office about this medication. I understand oral medications may be administered by non-licensed staff members who have been trained and are supervised by a School Nurse.

Medication information may be shared with school staff working with my child and 9-1-1 staff, if they are called.

My child has my permission, and is capable and responsible enough, to carry and self-administer an asthma inhaler or EpiPen as authorized above.

My middle or high school age child **ONLY** has permission to carry and self-administer a single dose/day of this medication as approved by the medical provider, principal and school nurse. See #9 on the back.

***I acknowledge that the Cape Flattery 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.***

NOTE: All medication supplied must be brought to school in its original container with instructions as noted above by the licensed health professional

_____	( ) _____	( ) _____	_____
Date	Parent/ Guardian Signature	Phone Number	Emergency Phone

Reviewed by Registered Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

## Medication for School Administration

Whenever possible, medication doses should be scheduled during non-school hours. For those students who need either prescription or over the counter medication at school, the following is required by Washington State Law and/or school district policy and procedures # 3416 in order to protect both the student and the school.

Students may not carry on their person any prescribed or over-the-counter medications except asthma inhalers or EpiPens if determined necessary by the medical provider and the required authorization form is on file. Refer to #9 for additional exceptions.

1. Health care providers who may authorize medication administration at school include: medical doctor (MD); osteopathic doctor (OD); dentist (DDS); advanced registered nurse practitioner (ARNP); or physician assistant (PA).
2. A current, unexpired Authorization for Administration of Medications at School form must be completed and signed by both the parent/guardian and a licensed health professional prescribing within his or her prescriptive authority before medication can be dispensed. A signed form must be on file for prescription and over-the-counter medications, one form per medication. If the dosage changes, a new form is required.
3. Medication must be delivered to the school office by a parent/guardian or other designated adult. All medication must be counted by the school nurse or secretary, witnessed by a parent/guardian/designated adult.
4. Medication must be in the original prescription bottle or original over-the-counter container, with a current label, one month supply at a time only. *Do not* send medication to school in an envelope or baggie.
5. Prescription medication- including asthma inhalers- must be properly labeled by the dispensing pharmacy with the student's name, name and dose of medication, and the time to be given.
6. Schools are authorized to dispense oral medications, asthma inhalers and EpiPens only. Schools may not dispense eye or ear drops, nasal inhalers or topical medications. Parents may bring medication to school and give it to their child themselves.
7. The principal from each school will designate which secretary/ secretaries will dispense medication should the school nurse not be there. These designated staff members will participate in an in-service training session each school year, conducted by a registered nurse.
8. 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.
9. If a health professional, and a student's parent request that a middle or high school student be permitted to carry his or her own medication and/or be permitted to self-administer the medication, except for controlled medications (for example, Methylin for ADHD and prescription pain medications) the principal may grant permission after consulting with the school nurse. In situations where the parent, physician, principal and school health consultant believe that it is in the best interest of the students that he or she carry medication, the student shall be authorized to do so. Except in the case of multi dose devices (like asthma inhalers), students shall only carry a one day's supply of medication at a time in the originally labeled container.