

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.

- ☐ Asthma Inhaler: My child has permission and is capable of carrying and self-administering an asthma inhaler in a responsible manner, as authorized below.
- ☐ Oral Medication grades 6-12 ONLY: My child has permission to carry & self administer a single dose per day of this medication in an original container (never allowed for controlled drugs).
- ☐ My child has permission and is capable of carrying and self-administering as authorized below:
☐ Eye Drops; ☐ Ear Drops; ☐ Topical Medication; ☐ Nasal Spray

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 MEDICATION OF 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.)

Student may carry & self-administer the: ☐ 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

For students who need prescription or over the counter medication at school, the following is required by Washington State Law and school district policy. School staff is only allowed to administer: oral medication; topical medication; eye or ear drops; nasal sprays; inhalers; and epinephrine auto-injectors. Medication can be stored in the school office and administered by trained school staff. Students may not carry on their person any prescription or over the counter medication except as explained in numbers 4, 5, 6 and 7 below. Required medication administration forms are available in school offices and on some district websites.

1. **ONLY THESE HEALTH CARE PROVIDERS 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.)
2. **REQUIRED FORM:** A current Authorization for Administration of Medication at School form signed by the parent/guardian and medical provider must be on file for all ORAL and TOPICAL MEDICATION, EAR DROPS, EYE DROPS, NASAL SPRAYS and INHALERS needed at school, including: 1) prescription medication; 2) over the counter medication; 3) medication kept in the office; 4) medication carried and self-administered by students.
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. Medication must be in a properly labeled original prescription or over the counter 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 Medication Authorization; 2) the student carries only a single dose per day in an original pharmacy or factory labeled medication container, and does so in a responsible manner. (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:** Students in all grades may carry and self-administer an asthma inhaler if the parent and provider have checked permission to do so on a current Medication Authorization. And/or a student's inhaler can be stored in the school office to be administered as needed.
6. **CARRYING and SELF-ADMINISTERING TOPICAL MEDICATION, EYE or EAR DROPS, and NASAL SPRAYS** is allowed in all grades if the parent and provider have checked permission to do so on a current Medication Authorization.
7. **REQUIRED FOR STUDENTS WITH EPINEPHRINE (EpiPen) FOR SEVERE ALLERGIES:** A complete, current for each school year Severe Allergy Medication Administration and Emergency Response 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 and self-administer an 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.