

ANACORTES SCHOOL DISTRICT #103

Form No. 3416

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____ TEACHER _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP) PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY

Name of Medication: _____ Dosage _____ Methods of Administration _____ Administration Schedule _____

Diagnosis or reason for medication: _____

If given PRN, specify the length of time between doses: _____

Inhalers: _____

Indicate if student can carry on his/her person

Student is capable of self-administration of medication _____ Yes _____ No

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from _____ (date) to _____ (date) (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of signature

Licensed Health Professional

Telephone Number

Name (Print or type)

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request and authorize the school to administer medication to the above-named student in accordance with the LHP's instructions for the period from _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner. The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Nonprescription medication must be furnished in the original container from the manufacturer.

Permission to carry inhaler: Yes _____ No _____

Permission to self-administer medication: Yes _____ No _____

Permission to carry own medication: Yes _____ No _____

My signature acknowledges that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student. As the parent or guardian of the above student 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 the student.

Parent/Guardian Signature

Date of Signature

Telephone Number: _____ (home) _____ (work)

3/1/06

ANACORTES SCHOOL DISTRICT #103

Procedure No. 3416-P
Students

GUIDELINES FOR PARENT/GUARDIAN REGARDING ORAL MEDICATIONS IN SCHOOL

Every effort should be made to assure that all medication, prescribed or nonprescribed, be administered before and/or after school hours under the supervision of a parent or guardian.

If medication is to be given at school, the following procedures must be followed:

1. An **Authorization for Administration of Medication at School** form is to be completed for each medication prescribed and signed by the parent/guardian and licensed health professional prescribing within the scope of their prescriptive authority.
2. The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Nonprescription medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by the building staff.
3. Parent(s)/Guardian(s) must provide medication to school (not more than one month supply). Medication may not be delivered by the child or the school bus driver.
4. At the end of the year it is the parent/guardian's responsibility to pick up any unused medication. Any medication left at school will be destroyed.
5. Parents/Guardians will be notified if any of the listed side effects of a medication are observed and should consider the need to follow-up with their licensed health professional.
6. Orders to give medications are current until the end of a school year and must be renewed in writing with the start of each school year.
7. If the dosage of a medication changes, the school requires a new authorization from the licensed health professional and a newly labeled container from the pharmacy.
8. The school expects your child to come to the office at the appointed time to receive their medication.
9. Designated personnel are responsible for the administration of medication according to the prescribed time. A one-half hour window on either side will be allowed. Doses missed at home will not be given at school. In the event that a dosage is missed at school, every attempt will be made to contact parents for further instructions.
10. In the event a licensed health professional requests that a student medicate themselves at school, it should be indicated on the **Authorization for Administration of Medication at School** form. This needs to be discussed on an individual basis with the School Nurse. If it is agreed that the student may self medicate, the school will not be responsible for recording how often it is used.

Adoption Date: 3/1/06

A Lighthouse for Public Education in Our Community:
Ensuring No Child Is Lost Creating Lifelong Learners Inspiring High Achievement Nurturing Responsible Citizenship