La Center School District

725 Highland Rd. La Center, WA 98629

Authorization For Administration Of Medication

For questions contact the school nurse:
ES: 360-263-2134 Fax: 360-263-2133
MS: 360-263-2136 Fax: 360-263-5936
HS: 360-263-1700 Fax: 360-263-1705

Student Name: _____ Birth Date: _____ Sex: ☐ M ☐ F ☐ X

School: _____ Teacher/Advisor: _____ Grade: _____

HEALTHCARE PROVIDER completes this section: (please print)

I have determined that the medication named below is necessary during the school day:

Diagnosis or reason for medication: _____

Name of medication: _____ Dose: _____

☐Tablet/Capsule ☐Liquid ☐ Inhaler ☐ Nebulizer ☐ Other

If medicine is given DAILY, at what time? _____

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

_____

How soon can it be repeated? _____ Significant side effects: _____

_____

Is student allowed to carry and self-administer emergency medication? ☐*Yes* ☐*No*

I have trained this student in the purpose and appropriate method and frequency of use. ☐*Yes* ☐*No*

Medication authorizations are only valid for current school year.

Date: _____ Health Care Provider Signature: _____

Print Name: _____ Phone #: _____

Fax #: _____ Address: _____

PARENT/GUARDIAN completes this section:

- I give my permission for the exchange of information regarding this medication between the school staff and our health care provider.
- I request that my child be allowed to take the medication as described above.

Check one of the following:

☐ **I will provide** the medication in the original, properly labeled container and authorized school staff assist my child in taking the medication(s) as prescribed.

OR

☐ **I authorize my student to self-carry and administer the medication**.

(For students who self-carry, a **Self-Carry and Administration of Medication Liability Waiver** must be completed by the parent/guardian or adult student.)

Date: _____ Parent/Guardian Signature: _____

(OVER)

SCHOOL MEDICATION POLICY

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. See also district policy and procedure 3416 and 3416P Medication at School and 3419 and procedure 3419P Self-Administration of Asthma and Anaphylaxis Medications.

OVER-THE-COUNTER and NON-PRESCRIPTION MEDICATIONS/PRODUCTS

- Authorization for Administration of Medications form **completed by both parent/guardian AND a licensed healthcare professional with prescriptive authority.**
- Medication MUST be in the original container labeled with the student's name.

PRESCRIBED MEDICATION

- Authorization for Administration of Medications form **completed by both parent/guardian AND a licensed healthcare professional with prescriptive authority.**
- Medication must be in a properly labeled container from the dispensing pharmacy. 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 oral medication are valid only for the medication listed and the dates indicated. Requests for medication administration must be re-authorized each school year.
- All medications will be kept in the school office unless otherwise directed by the Healthcare Provider and parent. **Medications stored in this area may not be available to the student during non-school hours.**
- **It is the responsibility of 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.**
- **Parents/guardians who wish for their student to self-carry medications must have a "Self-Carry and Administration of Medication Liability Waiver" signed by the parents/guardians on file.**

Thank you for your cooperation.