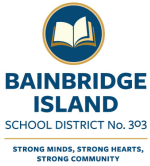


# MEDICATION AT SCHOOL

School FAX: \_\_\_\_\_



**Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

*DO NOT use this form for students needing emergency medication(s) for Asthma or Severe Allergy/Anaphylaxis at school. An Asthma or Severe Allergy Plan (which includes medication orders) is required.*

## PARENT/GUARDIAN SECTION

Please check only one box:

I request that authorized persons at school assist my child in taking the medication described below. I also give my permission for exchange of information between the school district staff and the health care provider.

I request that my child be allowed to self-administer the medication described below. I also give permission for exchange of information between the school district staff and the health care provider. I shall hold harmless and indemnify the school and Bainbridge Island School District's officer, employees and agenda against all claims, judgments, or liability arising out of the self-administration and carrying of medication of my child.

I am 18 years of age (or older) and am signing this form on my own behalf (RCW 26.28.015 or RCW 70.02.130). I also give my permission for the exchange of information between the school district staff and the health care provider.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**                      **Home phone / Emergency phone**

## HEALTH CARE PROVIDER SECTION

**Diagnosis for which medication is to be given during school hours:** \_\_\_\_\_

\_\_\_\_\_  
**Name of medication (1 per form):**                      **Dosage:**

\_\_\_\_\_  
**Method of administration:**                      **Time of day to be given:**

*If given WHEN NEEDED (prn), describe indications and how soon it can be repeated:* \_\_\_\_\_

Other directions for use: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Emergency Action: \_\_\_\_\_ or  911

**Duration of Order (must choose one):**

Medication is ordered for duration of current school year (which may include summer school)

Medication to be given from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\_\_\_\_\_  
**HCP Signature**                      **Date**

\_\_\_\_\_  
**HCP Printed Name**                      **Phone/Fax**

**PARENT INFORMATION: MEDICATIONS AT SCHOOL**

Dear Parent/Guardian,

Your child's safety and the safety of others is our primary concern when medication is needed during school hours. Whenever possible, we encourage medication doses to be given at home during non-school hours. For those students who need medication during school hours, the following is required by Washington State Law and must be completed and on file before any medication may be given at school:

1. All medications (including over-the-counter) require a completed "MEDICATION AT SCHOOL" form that contains authorized signatures by both the parent/guardian and a licensed health professional with prescriptive authority.
2. Medication must be in a properly labeled, original container. Prescription medication must be in a container labeled by a pharmacist or physician with the correct student's name and the correct name/dosage of the medication. Over-the-counter (OTC) medications must be in their original container, labeled with your student's name.
3. Self-carry/administration. For the safety of all students, we prefer that all medications are stored securely and administered by trained school staff. However, at times, parent/guardians may thoughtfully decide that their child needs to carry their medication at school. The following requirements must be met if medication is to be carried by a student:
  - A. A "Medication At School" form must be completed, signed by parent/guardian and health care provider and be on file with the building nurse.
  - B. Only one day's dose may be carried unless, as in the case of inhalers, such a request is impossible.
  - C. To self-carry medication, the student must be able to self-administer without any assistance or reminders.
  - D. A student that is not using their medication responsibly may lose their right to carry medication.
  - E. Students with diabetes are guaranteed the right to carry insulin and all supplies necessary for treatment, monitoring and emergency situations (emergency snacks, glucose tablets, water bottles, etc.)
  - F. Parent/Guardians will be responsible for monitoring the expiration dates for all medications that a student "self-carries" and replacing them with "non-expired" medications as necessary.
4. Unless the medication will be carried & self-administered by the student, we request that all medication be delivered to the school by the parent/guardian or another designated adult.

Thank you for your cooperation and assistance in helping us maintain a healthy, safe environment for all students.

Bainbridge Island School District Nurses