

KENT SCHOOL DISTRICT
Licensed Health Care Provider (LHCP) Medication/Special Instruction Orders and Health Action Plan

Student Name:		Birthdate:		Grade	
School:		Student #:		Bus Route:	
Date of Last Reaction		Type of Allergy:			
Epinephrine kept in:	<input type="checkbox"/> Health room <input type="checkbox"/> Backpack <input type="checkbox"/> Other:				

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (LHCP)

Name of Medication	Dosage	Method of Administration	Time of Day to Be Taken
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Anticipated action of medication(s): _____
 Possible side effects of medication(s): _____

- Signs of an allergic reaction**
- Mouth** Itching and swelling of the lips, tongue, or mouth
 - Throat*** Itching and/or sense of tightness in the throat, hoarseness, and hacking cough
 - Skin** Flushing, hives, itchy rash, and/or swelling about the face, upper chest or extremities
 - Gut** Nausea, abdominal cramps, vomiting, and/or diarrhea
 - Lung*** Shortness of breath, difficulty breathing, repetitive coughing, and/or wheezing
 - Heart*** "Thready" pulse, "passing out", fainting, dizziness, blueness, and/or pale
 - General** Panic, sudden fatigue, chills, fear of impending doom, other:

***The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.**

Asthmatic: Yes No Does this student have asthma?
 Yes No Is Epinephrine to be used for severe asthma symptoms? **If Yes, must complete asthma medication authorization form.**

Emergency Action Plan:

- If exposure to allergen is **suspected AND no symptoms, give:**
 *NOTE: School Nurse can NOT delegate severity of symptoms. Non-Licensed staff MUST give epinephrine if sign of above symptoms.
- If student exhibits ANY of the above symptoms, give:
- Call 911. Advise dispatch epinephrine is being administered for a life-threatening allergic reaction**
- Call parent/guardian.
- Other:

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 which make administration of the medication advisable during school hours** or during such time that the student is under the supervision of school officials. Such medication may be administered by medically non-licensed school personnel. I have read the medication procedures outlined on the back of this form. Also, the School Nurse may contact the LHCP regarding questions related to this medication/special instruction order. Students with certain life-threatening health conditions that need accommodations to attend school, and do not receive Special Education services, meet the requirements for Section 504 of the Rehabilitation Act of 1973.

_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
_____ Licensed Health Care Provider Signature	_____ Licensed Health Care Provider Printed Name	_____ Date
_____ Phone	_____ Address	_____
_____ Fax	_____ City/State	_____ Zip

Duration of order: current school year ending Aug. 30th Other: _____

This Emergency Action Plan (EAP) will be distributed to those school staff "who need to know". (School nurse to circle all that apply). Distribution may occur electronically. Parent Teacher/Sub file Office Librarian Counselor Student Services Transportation Principal Other: _____
 Kent School District Nursing Services, 2/2016

KENT SCHOOL DISTRICT
SPECIAL NURSING CARE/MEDICAL TREATMENT/MEDICATION PROCEDURE

Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.

PROCEDURES

8.0 Special Nursing Care/Medical Treatment Procedures

All requests for performance/supervision of nursing care or medical treatment not usually considered functions performed by school personnel are to be evaluated by the school nurse on an individual basis. (Policy 3410 and 3410P).

- 8.1 The parent/guardian requests in writing the service desired and includes a release of liability statement. (HS-37-02)
- 8.2 A licensed health care provider must recommend in writing the specific service needed in order for the student to attend school. The health care provider agrees to notify the school nurse of any change in medical status of the student during the school year. Upon request, the school will provide the health care provider with periodic reports of the student's progress regarding the specific procedures. (HS-37-02)
- 8.3 The school nurse will review the above request and if appropriate, develop an individual health care plan for the student. Recommendations such as training needs and other safety issues will be determined by the school nurse. Refer to "Procedure for delegation and supervision of unlicensed personnel" in Health Services Nurse Manual.
- 8.4 The school nurse will notify the building administrator of the request(s) and the recommendation(s) for care as established by district nursing service guidelines.
- 8.5 The building administrator and school nurse will determine which unlicensed staff, in accordance with the Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.
- 8.6 Necessary training and/or instruction of individual(s) designated to perform the service will be determined and coordinated by the school nurse. Documentation of training and supervision will be maintained.
- 8.7 The building administrator and school nurse will establish that there is adequate and appropriate space for performing the service.
- 8.8 The parent/guardian will provide adequate/necessary supplies and equipment in order for the school to perform the service.
- 8.9 Written records will be maintained which will include the service provided, when, and by whom.
- 8.10 Each request accepted will be reviewed every three months by the school nurse.
- 8.11 The school nurse will document and report to the building administrator, any unsafe or incompetent performance of health care by an unlicensed staff. Recommendations for remediation and procedural changes will be included in this report.
- 8.12 All arrangements for care and supervision must be in place before the School District will assume responsibility for providing the requested services.

Medication Procedure

Washington State law permits school staff to administer medication only in limited situations. When possible, the parents and physician are urged to design a schedule for **giving medication outside school hours.** Medication is defined to mean all drugs, whether prescription or "over the counter".

Prior to administration of any medication, the following requirements must be met:

- 1. **Parent/legal guardian note** must be on file giving name of medication, dosage, time, dates to be given, student name.
- 2. **Licensed Health Care Provider's (LHCP) note** for each medication must be on file that there exists a valid health reason which makes administration of such medication advisable during school hours or when a student is under the supervision of school officials. The LHCP's note must also indicate name of medication, dosage, time, and dates to be given, possible side effects, LHCP's signature. This request is valid for a period not to exceed current school year (HS37-02).
- 3. All medication must be in the **originally labeled container** and be labeled with student's name. This pertains to oral medications (pills, liquids, inhalers).
- 4. A responsible adult delivers the medication to the school. All medications will be counted upon receipt and recorded on back of medication recording form. **If this is a new medication for the student, the first dose must be given at home prior to bringing the medication to school.**
- 5. There are situations where the parent or physician or principal **and** school nurse believe it is in the best interest of the student that he or she carry and self-administer the medication. In these cases, the student shall be permitted to carry and self-administer the medication. Only one-day's dosage (in originally labeled container) shall be carried by the student. The original LHCP and parent authorization will be kept in the health room. The parent recognizes and acknowledges the liability for lost, stolen, and/or shared medication.

Signature

Title/Relationship

School Nurse

- 6. If requirements 1, 2, and 3 are not met and parents want the child to have the medication, the parent may come to school and administer the medication.
- 7. In most cases, it will be the child's responsibility to come to the office at the appropriate time for medication. The parent may put a note in the lunch box to remind the child to take the medication. On scheduled early dismissal days, when lunch is served, "lunch time" or "noon" medications will be dispensed unless requested otherwise by Parent.
- 8. The nurse must be consulted prior to bringing any injectable medications to school and additional forms must be completed: HS-037-02, Request for Special Nursing Care/Medical Treatment Procedures. The physician's instructions should outline symptoms and when to give the injection.

Student's Name: _____

Individual Considerations:

Emergency Contact	Home	Cell	Work	Email

Bus –Transportation should be alerted to student's allergy.

- This student carries Epinephrine injector on the bus: Yes No
- Epinephrine can be found: backpack waist-pack on person Other: _____
- Student will sit at front of the bus: Yes No
- Other: _____

Field Trip Procedures – Epinephrine should accompany student during any off campus activities.

- Student should remain with the teacher or parent/guardian during the entire field trip: Yes No
- Staff members on trip must be trained regarding Epinephrine use and student health care plan (plan must be taken).
- Other: _____

CLASSROOM –For Food allergy only – Student is allowed to eat only the following foods:

- Those in manufacturer's packaging with ingredients listed and determined allergen-safe by the nurse/parent or: _____
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Other: _____

CAFETERIA NO Restrictions

- Student will sit at a table at a specified location.
- Cafeteria manager and hostess should be alerted to the student's allergy.
- Other: _____

EXTRA CURRICULAR ACTIVITIES

My child (please mark appropriate spot with X)

- will, will not

participate in KSD sponsored before or after school sports/activities during the school year. If this changes, it is my responsibility as the parent/guardian to contact the health room.

I request this medication be given as ordered by the licensed health care provider. I give Health Services Staff permission to communicate with the medical office about this medication. I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised). Medical/Medication information may be shared with school staff working with my child and 911 staff, if they are called. All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.

- I request and authorize my child to carry and/or self-administer their medication. Yes No

This permission to possess and self-administer an Epinephrine injector may be revoked by the principal/school nurse if it is determined that your child is not safely and effectively able to self-administer.

Parent/Guardian Signature

Date

School Nurse Signature

Date

Student demonstrated to the School Nurse the skill necessary to use the medication and any device necessary to self-administer the medication.

Device(s) if any, used: _____ Date of Return Demonstration: _____

Your Rights Under Section 504

You have the right to be informed by the school district of your rights under Section 504. This is a notice of you and your child's rights under Section 504 and the rights you have if you disagree with the school district's decisions.

WHAT IS SECTION 504?

Section 504 of the Rehabilitation Act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activity.

YOUR CHILD'S EDUCATION

Your child has the right to:

- Receive a free and appropriate public education.
- Participate in and benefit from the district's educational programs without discrimination.
- Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
- Be educated with students who do not have disabilities to the maximum extent appropriate.
- Be educated in facilities and receive services that are comparable to those provided to students without disabilities.
- Receive accommodations and/or related aids and services to allow your child an equal opportunity to participate in school activities.
- Receive educational and related aids and services without cost, except for those fees imposed on the parents of children without disabilities.
- Receive special education services if needed.

YOUR CHILD'S EDUCATIONAL RECORDS

You have the right to:

- Review your child's educational records and to receive copies at a reasonable cost. You will not be charged if the cost would keep you from reviewing the records.
- Ask the district to change your child's education records if you believe that they are wrong, misleading, or are otherwise in violation of your child's privacy rights. If the district refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- A response to your reasonable requests for explanations and interpretations of your child's education records.

THE SECTION 504 PROCESS

Your child has the right to an evaluation before the school determines if he or she is eligible under Section 504. You have the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your child.
- Have evaluation and placement decisions made by a group of persons, often called a "504 team", including persons who know your child, the meaning of the evaluation information, and the placement options available.
- Have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- Refuse consent for the initial evaluation and initial placement of your child.

If your child is eligible under Section 504, your child has a right to periodic re-evaluations, including re-evaluations before any significant change is made in your child's placement.

IF YOU DISAGREE WITH THE DISTRICT'S DECISION

If you disagree with the district's decisions regarding your child's identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your child have the right to take part in the hearing and have an attorney represent you. Hearing requests and other concerns can be made to your district's Section 504 Coordinator:

Randy Heath
12033 SE 256th Street
Kent, WA. 98030
PH: 253-373-7235 Email: Randall.heath@kent.k12.wa.us

You have the right to file a complaint of discrimination with the U.S. Department of Education's Office for Civil Rights (OCR), or to file a complaint in federal court. Generally, an OCR complaint may be filed within 180 calendar days of the act that you believe was discriminatory. The regional office is located at 915 Second Ave, Room 3310, Seattle, WA 98174-1099.

Phone: 206-607-1600/TDD: 206-607-1647

Website: www.ed.gov/OCR.