

**Kent School District
Kent, Washington
Authorization For Administration of Medication at School**

Student's Name _____ Birthdate _____
School _____ Teacher _____ Grade _____

This section to be completed in its ENTIRETY by Licensed Health Care Provider

Name of Medication	Dosage	Route	Time	Frequency
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Reason for medication to be given during school hours _____

Anticipated action _____

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 medication in accordance with the instructions indicated above for the period commencing with the _____ day of _____, _____ (year) through the _____ day of _____, _____ (year) as there exists **a valid health reason which makes 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 untrained school personnel.

Date of Signature

Licensed Health Care Provider's Signature

Telephone Number

Name

Fax Number

Address

This portion of the form is to be completed by the parent/guardian.

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to administer the above identified medication to the above identified student in accordance with the prescription or doctors instructions for the period beginning the _____ day of _____, _____ (year) through the _____ day of _____, _____ (year) (not to exceed one school year). ***I have read the medication policy and procedures outlined on the back of this form.*** I also understand that the school nurse may contact the prescriber regarding questions related to this medication. **Medication will be supplied to the school in the original container.**

Date of Signature

Signature

E-mail address

Telephone Number Home Work

(Medication Procedure on the reverse Side)

**Kent School District
Medication Procedures**

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, parent signature, date (form HS-018-00). Note if the student is participating in KSD sponsored before or after school activities, it is the parents responsibility to provide a second set of emergency medications or testing supplies and notify the school nurse.

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 (HS-018-00).

3. All medication must be in the **originally labeled container** and be labeled with student’s name. This pertains to all medications (pills, liquids, inhalers, etc).

4. Medication should be brought to school by a responsible adult. 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 may believe it is in the best interest of the student that he or she carry 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 it.

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-037-97, Parent Request for Special Nursing Care/Medical Treatment Procedures; and HS-036-97, LHCP’s Orders for Special Nursing Care/Medical Treatment Procedures. The physician’s instructions should outline symptoms and when to give the injection.

(Authorization form on the reverse side)