

**Olympia School District**  
**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**THE FOLLOWING PORTION OF THE AUTHORIZATION MUST BE COMPLETED AND SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL**

NAME OF MEDICATION	DOSAGE	METHOD OF ADMINISTRATION	TIME(S) TO BE GIVEN

If "PRN" specify time between doses: \_\_\_\_\_  
Reason for medication to be given during school hours: \_\_\_\_\_  
Possible side effects of medication: \_\_\_\_\_  
Emergency procedure in case of serious side effects: \_\_\_\_\_

PERMISSION TO SELF CARRY (Gr. 6-12 ONLY): \_\_\_\_\_ Inhaler \_\_\_\_\_ Epi-pen \_\_\_\_\_ Insulin

I request and authorize the above named student to be administered the identified medication in accordance with the instructions noted above from \_\_\_\_\_ to \_\_\_\_\_. Current school year \_\_\_\_\_. There exists a valid health reason which makes administration of medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may only be administered by trained school personnel.

Licensed Health Professional Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED AND SIGNED BY THE PARENT/LEGAL GUARDIAN**

I certify that I am the parent/legal guardian or other person in legal control of the above identified student. I request and authorize the school to administer the above identified medication to the above identified student in accordance with the prescription and instructions from the licensed health professional.  
I further understand and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed. Permission is granted to exchange medication information with the nurse and between the nurse and authorizing physician.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Reviewed by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

To: Parents/Legal Guardians  
Re: Medication Statute (RCW 28.A210.260 and 28A.210.270)

**Please read these guidelines carefully, contact the School Nurse if you have any questions.**

## Medication

Oral medication is defined as either prescription medication and/or over-the-counter medication (such as Tylenol, cough syrup, Benadryl, nutritional supplements, etc.). Effective June 2012, the legislature revised the medication law to include topical medications, eye drops and eardrops. There is no distinction between prescription or over-the-counter medication as directly related to administration at school.

## Medication Request

All medication to be administered at school and/or at school-sponsored events/programs, must be accompanied by a written and signed request (*Authorization for Administration of Medication at School*) completed by both the Parent/Legal Guardian and Licensed Health Professional (LHP) prescribing within the scope of their prescriptive authority. (M.D., D.O., N.P., D.D.S., P.A.A., A.R.N.P.)

All "Authorization for Administration of Medication at School" must state that there exists a valid health reason which makes it advisable for the medication to be administered/taken during school hours or during such time that the student is under the supervision of school officials (e.g. field trips, athletic events, extra-curricular activities, etc.)

There will be no grace period to obtain this form and medication may not be given until the form is received in the Health Room.

## Container

Medication must be sent in the original container, properly labeled with the student's name, medication, dosage and instructions and match what is written on the *Authorization for Administration of Medication at School* form.

Pharmacists will provide a second container for school use upon parent/legal guardian's request. A 20-day maximum may be sent at any one time.

## Bringing in Medication

All medication must be brought to school and picked-up by the parent/legal guardian.

## Picking Up Medication

Parent/Legal Guardian must pick-up all medications no later than the last day of the school year. Medication not picked up will be counted by two school staff, disposed of, and recorded.

## Dividing/Cutting Medication

If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to divide the tablet when filling the prescription. If the tablet is not divided by the pharmacist, then divided doses are the sole responsibility of the parent/legal guardian. Medication cannot be divided by school staff.

**Oral Medication Only (includes inhalers, ointments, eye drops and eardrops)** The state law allows administration of oral medication by trained unlicensed staff. Medication inhaled through the mouth (asthma inhalers) ointments, eye drops and eardrops are considered oral medications. Suppositories and injections are not oral medications and can only be given by the School Nurse or self-administered. The exception is EpiPen injections to prevent anaphylactic shock in students with known sensitivity to bee sting, food, latex, etc. School staff may administer these injections after receiving annual training from the School Nurse. If it is medically necessary that the student receive this type of medication at school, contact the School Nurse.

## Disaster Planning

If a child has a chronic health concern and would need medication if stranded at school, the parent/legal guardian is requested to provide the school with a three-day (24 hour/day) supply of medication for emergency use (i.e. earthquake). It must be accompanied with the request from the physician and parent/legal guardian.

## Field Trip Planning

All requirements above apply to day or overnight field trips. If a parent/legal guardian accompanies their child on a field trip, they may give their child the medication.

## Summer School

All requirements apply to students attending Summer School.