

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name _____
 School _____

Birth Date _____
 Grade _____

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN

Name of Medication	Medical Condition	Dosage	Methods of Administration	Time of Day to be Taken

Specify the length of time between doses: _____

Inhalers: _____ Indicate if student must carry on his/her person: **YES** ___ **NO** ___

Student is capable to self-administer medication: **YES** ___ **NO** ___

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 from _____ through _____ (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

 Date of Signature

 Physician's/Dentist's Signature

 Telephone Number

 Print Name of Physician/Dentist

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed the current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler/epinephrine: **YES** ___ **NO** ___

Permission to self-administer medication: **YES** ___ **NO** ___

 Parent/Guardian Signature

 Date

Phone Numbers _____
 Home

_____ Work

_____ Cell Phone

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Dear Parent/Guardian:

We understand that for a variety of reasons, students must take medication at school. Because of our constant concern for child safety, the Tahoma School District is regulated by the state laws listed below and School Board Policy 3416 which states, in part:

Medication at School: If a student must receive prescribed or over the counter oral medications, topical medications, eye drops and ear drops from an authorized staff member, the parent must submit a written authorization accompanied by a written request from a licensed health professional (Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Advanced Registered Nurse Practitioner (ARNP), Physician Assistant (PA), Naturopath, Dentist or Orthodontist) prescribing within the scope of his or her prescriptive authority. The health professional must also provide written, current and unexpired instructions for the administration of the medication.

RCW 28A.210.260 Public and private schools -- Administration of oral medication by -- Conditions.

RCW 28A.210.270 Public and private schools -- Administration of oral medication by -- Immunity from liability -- Discontinuance, procedure.

Please contact your school nurse if you would like a copy of these state regulations or a full copy of our Board Policy and Procedure.

It is important to remember:

- If possible, it is best to administer medications at home.
- If it is necessary for medication to be administered during the school day, this form must be on file. Please take this form with you so you can have it filled out and signed by a licensed physician.
- This form and the prescribed medication (in the original prescribed bottle) must be delivered to the school.
- Under no circumstances should medication be sent to school with a child.
- No school district employee can give medication, either prescription or non-prescription, without written directions from a licensed physician or dentist.

Additional forms are available on request. If you have any questions, please call your school's health room professional.

Cedar River Elementary School
(425) 413-5400

Tahoma Elementary School
(425) 413-3600

Glacier Park Elementary School
(425) 413-3700

Maple View Middle School
(425) 413-5500

Lake Wilderness Elementary
(425) 413-3500

Summit Trail Middle School
(425) 413-5600

Rock Creek Elementary
(425) 413-3300

Tahoma Senior High School
(425) 413-6200

Shadow Lake Elementary
(425) 413-6100