

# Pioneer School District #402

Policy #3416

PERMISSION FOR MEDICATION ADMINISTRATION AT SCHOOL, ON FIELD TRIPS OR EXTRA-CURRICULAR ACTIVITIES

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
School

\_\_\_\_\_  
Address of Student

\_\_\_\_\_  
Student's Phone Number

The district has been asked to give medication at school to the above child. If it is possible would you please adjust the timing of the administration to fall outside school hours as having medication in the school presents a potential hazard to the other children. If, in your opinion, it is essential that this medication be given during school hours in order to maintain an appropriate effect on the child, please complete this form. Thank you for your cooperation.

## THIS PORTION TO BE COMPLETED BY THE PHYSICIAN

(Please print)

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Method of Administration

\_\_\_\_\_  
Time of day to be taken

Diagnosis or reason for Medication \_\_\_\_\_

If given PRN\*, specify length of time between doses \_\_\_\_\_

Possible side effects for Medication \_\_\_\_\_

Emergency Procedure in case of serious side effects \_\_\_\_\_

Permission to Carry Inhaler \_\_\_\_\_ YES \_\_\_\_\_ NO

School Nurse/Administrator approval \_\_\_\_\_ DATE \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_ PHONE \_\_\_\_\_

Physician's Signature \_\_\_\_\_ DATE \_\_\_\_\_

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

## THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Parent permission:

I request and authorize that the above-named child be administered the above identified oral medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_. (Cannot exceed current school year)

Reasonable care will be exercised in the administration of medications and one attempt will be made per dose missed to contact the child and administer the medication.

MEDICATION WILL BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL CONTAINER  
THE SCHOOL ASSUMES NO RESPONSIBILITY FOR LOST OR STOLEN MEDICATION.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*PRN, Latin for pro re rata, (as the situation demands) Medication to be given as needed.

ORAL MEDICATION STATUTE  
(RCW 28A.210.260 & 28A.210.270)

Specific guidelines for 'administration of medication' in school were recently provided from the State Superintendent of Public Instruction after a review by the State Attorney General.

Please read over these guidelines carefully and contact the school nurse if you have any questions. These guidelines pertain to both prescriptive and over the counter medications such as Tylenol, aspirin, cough drops, etc.

### 1. Medication Request

All requests for medication, to be administered in school, must be accompanied by a written request from both the physician and parent/guardian.

Requests must be from a licensed physician (MD or DO) or dentist ONLY. While other health professionals may prescribe medication, schools may only accept signatures from physicians or dentists.

### 2. Container

All medication must be sent in the original container and properly labeled with the student's name, medication, dosage, and instructions. This applies to refilling medication bottles throughout the current school year.

### 3. ORAL MEDICATION ONLY

The state law allows for administration of ORAL MEDICATIONS ONLY. Medications inhaled through the mouth (Asthma inhalers) are considered oral medications. Medications given by routes other than oral, such as ointments, eye & ear drop, suppositories or injections cannot be given at school. If it is medically necessary that a student receive this type of medication, please contact the school nurse. The exception is epinephrine injections to prevent anaphylactic shock in students with known sensitivity to bee stings, food, etc. School staff may administer these injections only when current medication authorization forms are complete and when they have received training from the school nurse.

### 4. Bringing and Picking Up Medications

Medication must be brought to school by the parent/guardian in original bottle, even when dropping off to refill school supply, and picked up at the end of the school year by parent/guardian.

**Students are not to bring their own medication to school on the bus.**

Medication not picked up at the end of the year will be counted by two (2) school staff, recorded and disposed of.

### 5. Disaster Planning

Please use the following procedures if your child is on any type of medication:

- Have a three (3) day supply of medication at school.
- Advise school nurse of any medications your child normally takes at home and if missing three (3) days of medication would pose a serious health risk for your child or others. This is of particular concern for children with chronic health concerns such as asthma, diabetes, seizures, etc.