

Physician's Orders for Medication at School

STUDENT NAME: _____ **DOB:** _____ **GRADE:** _____

SCHOOL (please check school of attendance):

- | | | | |
|-----------------------------------------------------|-------------------|------------------------------------------------|-------------------|
| <input type="checkbox"/> White River High School | Fax; 360-829-3351 | <input type="checkbox"/> Glacier Middle School | Fax; 360-829-3391 |
| <input type="checkbox"/> Elk Ridge Elementary | Fax; 360-829-3392 | <input type="checkbox"/> Foothills Elementary | Fax; 360-829-3381 |
| <input type="checkbox"/> Mountain Meadow Elementary | Fax; 360-829-3388 | <input type="checkbox"/> Wilkeson Elementary | Fax; 360-829-3386 |

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by principal-designated staff members who have participated in an in-service training session conducted by a registered nurse prior to the opening of the school year OR before dispensing medication. The principal will designate the person(s) responsible to dispense medication on an individual basis.

The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

This section to be filled out by Physician

Is it necessary to dispense this medication during school hours? Yes No

If yes, please give diagnosis or reason: _____

Drugs and dosage form: _____

Dose and mode of administration: _____

Time(s) to be given: Lunch Hour PRN

Duration without subsequent order: _____ weeks _____ months _____ school year Other: _____

Side effects of drug (if any) to be expected: _____

Inhaler to be carried by student: Yes No Not Applicable

Physician Signature

Telephone

FAX

Print or Stamp Name

Date

THIS AUTHORIZATION IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY

Parent's Permission

I request that the school nurse, principal or a staff member designated by him/her be permitted to dispense to my child,

(name of child) _____ the medication prescribed by

(name of physician) _____ for a period from _____ to _____

The medication is to be furnished by me in the original container labeled by the pharmacy or physician with the name of the medicine, the amount to be taken, and the time of day to be taken. The physician's name is on the label.

I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. This authorization is good for the current school year only.

In case of necessity the school district may discontinue administration of the medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed. I am the parent or the legal guardian of the child named.

Parent/Guardian Signature

Home Phone

Work Phone

Date

Cell Phone

Other

Medication in School

White River School District has a policy for allowing children in school to receive medication. This policy is in accordance with Washington State Law and specifies the conditions by which medications are given. Parents who want their children to receive medications must comply with all of the following conditions:

1. A licensed healthcare provider, with prescriptive authority, must complete an "Authorization for Administration of Medication at School" form. The request must state that there exists a health reason for the medication to be given during the school day. Instructions about what the medication is expected to do, possible unusual effects, and emergency procedure in the event of serious side effects must be written on the form. A separate form must be completed for each prescription or over-the-counter medication.
2. The parent must complete the "Authorization for Administration of Medication at School" form before any medication will be given. The authorization form must be renewed each school year if the medicine is ongoing.
3. The medication must be brought in by an adult, in the original container, which is labeled with the name of the medication, the dosage, the time and method of administration, and the date. If sample or over-the-counter medications are to be given, they must be labeled with the name of the student, dosage, and time to be given.
4. Sometimes the parent, licensed healthcare provider (LHCP), principal, and school nurse believe that it is in the best interest of the student to carry his/her medication. If so, the student must carry only a one-day supply in the original container, along with the completed "Authorization for Medication at School" form.
5. Students who are susceptible to a predetermined life-endangering situation may require injected medication. Injectable medications are subject to the same requirements as oral medication and shall be administered by trained staff. Post-medication injection procedures shall include activating the emergency medical system, and notifying the parent and the school nurse.
6. The parent may pick up any medication remaining at the end of the school year or it will be destroyed one week after the last day of school. School staff may not send it home with the student.

The school may not supply aspirin or medication of any kind. The above steps must be followed for a child to receive medication at school.