

AUTHORIZATION FOR MEDICATION



PROVIDENCE
CLASSICAL CHRISTIAN SCHOOL

Student's Name: _____ Birthdate: _____ Grade: _____

Field Trip Use Only? Yes No Parent/Guardian Phone #: _____

This section is to be completed by the LICENSED HEALTH CARE PROVIDER (please print):

Diagnosis or reason for medication: _____

Medication	Dose	Route	Check if PRN	Time/Frequency or PRN Instructions

Significant side effects: _____

Start Date: _____ End Date: _____ or end of school year ☐

Is the student authorized to carry and self-medicate? Yes No

If yes, for asthma and anaphylaxis medication, I have trained this student in the proper Administration and Frequency of use.

If ordered and the School Nurse is NOT AVAILABLE (e.g. field trip, after school activity etc.):

***Epinephrine Auto-injector WILL be given for ANY allergy symptoms or known ingestion.**

***Glucagon and Diastat WILL NOT be administered by other school staff and 911 will be called in case of emergency.**

LHCP Office Stamp

LHCP's Signature: _____ Date: _____

LHCP's Print Name: _____

Phone Number: _____ Fax Number _____

Email: _____



This section to be completed by parent or guardian

- I request that my child be assisted by authorized personnel in taking the medication prescribed above at school, or be permitted to self-medicate according to Health Care Provider (HCP) instructions and Providence Classical Christian School policy.
- I understand that my signature on this form constitutes a waiver by me to the school and authorized supervising personnel for liability for adverse reaction when medication is administered in the proper manner.
- **Changes to the time and/or dose of medication require written authorization from the HCP and Parent/guardian.**
- I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule. If I am unable to accept this condition the school is not obligated to honor the request for administration of medication by school staff.
- **Medication must be provided to the school in a properly labeled prescription bottle or the original over-the-counter container. Ask the pharmacist to supply a second prescription bottle for school use.**
- I give permission for exchange of information between the school and HCP.

Parent/Guardian Signature _____ Date _____

☐ I request permission for my child to **self-carry medication for asthma or anaphylaxis during any school-sponsored activities occurring before/after school or overnight outdoor education programs.**

☐ I request permission for my child to **self-administer medication for asthma or anaphylaxis.** By law my signature indicates that I understand the school shall incur no liability as a result of any injury arising from the self-administration of medication by the student and parents or guardians shall hold harmless the district and its employees or agents against any claim arising out of the self-administration of medication by the student.

Parent/Guardian Signature _____ Date _____

Medication Guidelines



The school does not provide any medication for students.

Providence recommends that medication be taken at home whenever possible. We recognize, however, that in some cases it is essential that medication be administered during the school day. For the protection of our students and staff, and in accordance with Washington state law, the school has a policy and procedures in place for the handling of ALL medications in the school.

Please do not put any kind of medicine, including aspirin, vitamins, and cough drops in your grammar child's lunch box, backpack or pockets. Unidentified medicine can never be given at school.

School Staff Administered - The following conditions must be met:

- All medications to be administered by school staff, whether over-the-counter (except sunscreen) or prescription, need a current Medication Authorization Form signed by the student's Health Care Provider/dentist **and** parent/guardian.
- Medication must be delivered to school in a properly labeled prescription or original over-the-counter container. The student's name must be on the label with proper identification of the drug, dosage, and directions for administration.
- A quantity sufficient for one month **only** can be sent to school. All medications will be stored in health room.
- Parents are responsible for tracking expiration dates; expired medications will not be given.
- The medication order is effective for the **current** school year only.
- If changes in the medication order occur, the parent is responsible for notifying the school and providing verification from the Health Care Provider/dentist.
- Parents will be notified of unused medication during the last week of school, and it will be discarded if not picked up within one week of the last day of school.

Field Trips: For students on daily medication, request an extra labeled empty bottle from your pharmacy that can be used for field trips. Parent and Health Care Provider signed authorization form required for all medications to be administered on field trips/overnights.

Secondary Student Self-Administered Medication - The following conditions must be met:

In appropriate cases and with the knowledge of the school nurse, the parent/guardian can delegate the responsibility for self-administration of over-the-counter medication to the **secondary student** (grades 7-12). In doing so, the parent releases the school from any obligation to monitor the student and assumes full responsibility for the student's use of the medication, and will hold harmless the school and its employees in any claim arising from student self-administration of medications. This policy also pertains to school-sponsored activities occurring before/after school or overnight outdoor education programs.

- Self-Administration does not apply to controlled substances, e.g. Codeine, Vicodin
- Self-Administration applies to over-the-counter medication only, following package directions.
- The student must not share medication.
- The student may only carry a one-day supply (1 - 2 doses) of the medication.
- The medication must be in the original container.
- The student must have written permission on file to self-medicate, signed by the parent/guardian.

Medication to be self-administered for more than fifteen (15) consecutive days whether over-the-counter or prescription requires a current Medication Authorization Form signed by the student's Health Care Provider/dentist and parent/guardian stating that the student may self-medicate. The student must also demonstrate his/her ability to the School Nurse to correctly evaluate his/her symptoms and use the medication appropriately.

Asthma and Anaphylaxis medications:

When a parent requests that his/her student be allowed to self-administer medication for asthma and/or anaphylaxis (severe allergic reaction), a Medication Authorization Form must be filled out **and** signed by the Health Care Provider and parent/guardian. The permission form must contain a treatment plan for what to do in case of an emergency.

The Health Care Provider must also provide training for the student to recognize symptoms and the correct use of medications. Additionally the student must demonstrate his/her ability to correctly evaluate his/her symptoms and use of medications to the school nurse including how to access help when needed. (RCW 28A.210.370)