Wishram School District 94
PO Box 8 - Wishram, WA 98673
Phone 509-748-2551, Fax 509-748-2127

Authorization For Administration Of Oral Medication

Student Name: ______________________ Birth Date: ______________ Sex: M / F

School: ______________________ Teacher: ______________________ Grade: ______

HEALTH CARE PROVIDER completes this section: (please print)

I have determined that the medication named below is necessary during the school day.

Diagnosis or reason for medication: ______________________

Name of medication: ______________________ Dose: ______________

☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Nebulizer ☐ Other ______________

If medicine is given DAILY, at what time? ______________________

If medicine is to be given WHEN NEEDED, describe indications: ______________________

____

How soon can it be repeated? ______________________

Is child allowed to carry and self-administer "rescue inhaler"? ☐ Yes ☐ No
If **yes**, I have trained this student in the purpose and appropriate method and frequency of use.

Length of time this treatment is recommended: ☐ Current School Year ☐Other: ______________

Significant side effects: ______________________

Date: __________ Health Care Provider Signature: ______________________

Phone #: ______________ Print Name: ______________________

Fax #: ______________ Address: ______________________

PARENT/GUARDIAN completes this section:

I request that my child be allowed to take the medication as described above.
I request that authorized school staff assist my child in taking the medication(s) described above.
I understand that school staff will attempt to administer medication in a timely manner.
I will provide the medication in the original, properly labeled container.
I give my permission for the exchange of information regarding this medication between the school staff and health care provider.

__________ (Date) ______________________ (Parent/Guardian Signature) ______________ (Daytime Phone) ______________ (Emergency Phone)

SCHOOL MEDICATION POLICY

Whenever possible we encourage medication doses to be scheduled during non-school hours.

For those students who need medication at school, the following is required by Washington State Law (RCW 28A.210.260 and 270) and must be completed and on file **BEFORE** any medication may be given.

OVER-THE-COUNTER and NON-PRESCRIPTION MEDICATIONS/PRODUCTS

- Authorization for Administration of Oral Medications Form **completed by both parent/guardian AND a licensed health care professional with prescriptive authority.**
- MUST be in original container labeled with the student's name.

PRESCRIBED MEDICATION

- Authorization for Administration of Oral Medications Form **completed by both parent/guardian AND a licensed health care professional with prescriptive authority.**
- Medication must be in a properly labeled container from the dispensing pharmacy. A pharmacy can provide a labeled container for school upon request.
    - Student's name
    - Name, Strength and Dose of Medication
    - Time and Mode of Administration
- Provide no more than a 20 day supply.

PLEASE NOTE:

- Requests for the administration of oral medication are valid only for the medication listed and the dates indicated. Requests for medication administration must be re-authorized each school year.
- Medication administered by routes other than oral, for example: ointments, eye drops, nasal inhalers, suppositories, or non-emergency injections, may not be administered by school staff other than licensed nurses.
- Epinephrine Auto-Injector is the only pre-dosed injectable that school staff may be trained to administer to a student who is susceptible to a predetermined life-endangering situation.
- **All medications will be kept in the school office/health clinic unless otherwise directed by the Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.**
- **It is the responsibility of the parents/guardians to assure that necessary emergency (rescue) medications are available to their students after school hours and while traveling to/from and during after school events.**

Thank you for your cooperation.