



CASCADE SCHOOL DISTRICT #228
ADMINISTRATION OF MEDICATION AT SCHOOL

3416F

STUDENT NAME: Birthdate:
SCHOOL: Grade/Room#:

Cascade School District is authorized by Chapter 195, Laws of 1982, to administer oral, topical, eye, ear nasal spray medication to students during school hours. It is our policy that such medication will only be administered when failure to receive the medicine may result in the student being unable to attend school. MEDICATION IS DEFINED TO INCLUDE ALL DRUGS, WHETHER PRESCRIPTION OR OVER-THE-COUNTER (i.e. Tylenol, Ibuprofen).

This request will be valid only for the medication listed and dates indicated in writing on the request form, and will not be valid past the end of the current school year. The District may decide to discontinue administration of the medication (student's inappropriate use of self-medication). If this happens, the parent will be notified before we stop administering the medication. The medication MUST be supplied in the original container. The medication label MUST indicate the student's name, licensed health care provider's name, the drug name and school dosage. All medication must be brought to school by the parent/guardian. Please do not send it to school with your child.

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER (information both sides)
\*one medication per request form\*

Medication Dosage
Specific Administration Instructions
\*For "As Needed" medications, specify the minimum length of time between doses:
Admin. Dates: Start: Stop:
Reason for Medication/Treatment Plan
Possible Side Effects:

RCW28.A210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self administer medication for asthma or anaphylaxis at school.

This student demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaler or automatic adrenalin device) and may carry the medicine on his/her person. Yes No N/A

Backup Medication for School Provided by Parent: Yes No N/A

I request/authorize the above named student be administered the above named medication in accordance with the instructions indicated above for the dates of to (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Health Care Provider Signature:
Date: Print or type name: Phone #:

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN (information both sides)

I certify that I am the parent/legal guardian of the above-named student and I have read the information on both sides. I request and authorize Cascade School District to administer the above-identified medication to the above-named student in accordance with the prescription and instructions of the student's licensed health care provider. The district shall incur no liability as a result of any injury arising from the self-administration of medication. The medication is to be administered for the following period:

Start Date: Stop Date:
Parent Signature: Date:
Phone #'s:

This record must be maintained by the school district for 8 years.



**STUDENTS RECEIVING MEDICATION AT SCHOOL**

School Year, Field Trips, School Sports/Activities, Summer School

The administration of MEDICATIONS in the schools is governed by RCW28A.210.270 which became law in 1982. The following information is to inform parents/guardians of the school district's standard procedures regarding medicine at school. MEDICATION IS DEFINED AS ALL DRUGS, WHETHER PRESCRIPTION OR OVER-THE-COUNTER. Your cooperation in helping us adhere to these guidelines is appreciated.

1. The ADMINISTRATION OF MEDICATION FORM must first be completed by the licensed health care provider AND the parent/guardian. This form MUST accompany the medication when brought to school. The authorization form stays on file in the school office and is our directive from the health care provider. WE CANNOT CHANGE MEDICATION DOSAGE OR TIME, or make any other changes without having a new Administration of Oral Medication Form completed and signed as stated above.
2. Under the law, oral or topical medication, eye drops, ear drops, or nasal spray, inhalers, nebulizers and epinephrine **MAY BE ADMINISTERED.**
3. Medication may only be accepted in the office from the parent or guardian. MEDICINES SHOULD NOT BE GIVEN TO THE STUDENT TO TRANSPORT TO OR FROM SCHOOL, as per school board policy. Sharing of medication is strictly prohibited.
4. All medicine must be in its original pharmacy/over-the-counter container with the student's name and dispensing information matching the health care provider form. This includes inhalers/injectibles. Be sure to ask your pharmacist to label the cartridge.
5. Parents/guardians are asked to remain at the school office until the medication form is checked and the medication counted. Medication is kept in the school office.
6. Self-administration/self-carry "on person" medication at school is permissible specifically according to Washington State Law regarding inhalers and injectibles (epipens and insulin). Student must demonstrate to the school nurse proper use and safety of medication. The medication form must be completed by a licensed health care provider, parent/guardian and the school nurse MUST be notified. Back up of medication in the health office is strongly recommended. The school district shall incur no liability as a result of injury arising from the self-administration of medication.
7. Parents are notified to come to the school office and pick up any remaining medication at the end of each school year, or when the student transfers schools. Medications left at the school will be discarded.
8. Each school year a new authorization form must be completed and signed by both the health care provider and the parent/guardian.
9. Students with life-threatening health conditions must contact the school nurse prior to school attendance as per Washington State Law.
10. The district will incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self administration of medication by the student.