**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

**\*\*THIS FORM IS VALID FOR SCHOOL DAY, EXTENDED DAY, OVERNIGHT AND WEEKEND FIELD TRIPS**

Kelso School District recognizes that students must take medication at school in certain cases; however, adjusting administration schedules that allow for medication to be given outside of school hours is recommended. When a health condition requires prescription or non-prescription (over-the-counter) medication administration during school hours, authorization must be given by the student’s parent or legal guardian and accompanied by written instructions and signature of the prescribing licensed health care provider. Only school district personnel trained and delegated by the District Nurse are authorized to administer medication at school.

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| --- | --- | --- | --- |
| Student: | | | School Year: |
| DOB: | Grade: | School: | |

**IMPORTANT INFORMATION**

1. Prescribed medication must be provided in the original and current pharmacy labeled container with the student’s name, the name of the medication, the dose and time/frequency of medication administration.
2. The medication container label from the pharmacy must match the written medication orders on this form.
3. Over the counter medications must be in the original container and be the correct dose/form as prescribed.
4. Medications must be brought to the school by the parent/guardian and signed in with the health specialist.

**----------------------THIS SECTION TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER--------------------------**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication: ­ Dose: Route:  € Tablet/Capsule € Liquid € Other Specific Time to be given at school:  IF PRN, Indicate Frequency: Reason for Medication:  Additional Instructions:  Possible Side Effects: None Expected Yes, please list:­­­­ \_\_\_\_\_\_  Length of Time for Medication Administration: Current School Year Other: From to  **€ Yes € No Student has been trained by a health care provider and is safe to self-carry and self-administer the listed medication** | | | |
| I authorize that the above-named student to be administered the above identified medication in accordance with the instructions indicated as there exists a valid health reason which makes administration of the medication advisable during school hours/activities. | | | |
| **Licensed Health Care Provider Signature:** | **Date:** | **Printed Name** | **Phone/Fax:** |

**---------------------------------THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN------------------------------------**

|  |  |  |  |
| --- | --- | --- | --- |
| I request and authorize designated school personnel to administer medication to the above identified student in accordance with the health care provider’s instructions above. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication. I authorize communication with the health care provider as allowed by HIPAA and FERPA. I agree to indemnify and hold harmless the school district and its employees who may administer and/or monitor any medication. | | | |
| Mother/Guardian: | | Father/Guardian: | |
| Cell: Work: Home: | | Cell: Work: Home: | |
| **€ Yes € No I agree that my student has been trained by a health care provider and is safe to self-carry and self-administer the listed medication in accordance with the Kelso School District policy\*** | | | |
| Parent/Guardian Signature: | Printed Name: | | Date: |

-------------------------------------------------------SCHOOL STAFF SECTION-----------------------------------------------------------

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| --- |
| Medication location: € Health Room € Backpack € Other: |
| Form Received: \_\_\_\_\_\_\_\_\_ € Entered in Database € Exp. Date Checked Rvw’d by District RN: \_\_\_\_\_\_\_\_\_\_\_\_ |

**KELSO SCHOOL DISTRICT: ADMINISTRATION OF MEDICATIONS AT SCHOOL**

PROCEDURES FOR PARENT/GUARDIAN TO FOLLOW IF IT IS ESSENTIAL THAT A STUDENT RECEIVE MEDICATION DURING SCHOOL HOURS

1. ALL medications/treatments (by law) are subject to the same guidelines regardless of whether they are prescription or over the counter.

2. The student’s health care provider (HCP) must complete and sign the *Authorization for Administration of Medication at School* form. Instructions must be specific and not depend on school staff judgment. The form must also be signed by the student’s parent/guardian prior to administration of medications at school.

3. Health care provider specific forms will be accepted if it includes all of the information on the district form and is signed by both the licensed HCP and parent/guardian.

4. The school health room must be provided with medication in its original labeled container from the pharmacy. This label must have your child’s name, the name of the medication, dose and time of administration. The directions on the medication bottle MUST match the orders on the medication form.

5. Over the counter medications need to be in an original and fully labeled container and MUST match the dose and form listed on the orders. Please provide the smallest tablet quantities available (large tablet amounts ie: 50 or 100 will not be accepted).

6. The student’s parent/guardian MUST deliver medication to school and not send it with student. Allow time for counting and signing in the medication with the health specialist in the health room.

7. Medication will not be accepted at school until complete and signed paperwork is available.

8. It is the parent/guardian responsibility to know when their student will need more medication at school. Attempts will be made to notify the parent/guardian by phone or writing when the supply is low.

9. All medication must be picked up at the end of the school year or it will be destroyed.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE KELSO SCHOOL DISTRICT NURSES:

Stephanie Toms, BSN, RN Ph: 360-577-2463

(Lexington, Barnes, Wallace, Huntington, KVA)

Laura Dieter BSN, RN Ph: 360-577-2402

(Butler Acres, Rose Valley, Carrolls, Coweeman, Kelso High School)