

Federal Way Public Schools
MEDICATION ORDER FORM - Authorization for Administration of Medication at School

Student Name: _____ Birth Date: _____

School _____ Grade: _____ Teacher: _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL

Name of Medication	Diagnosis	Dosage & Route	Time	Specific Instructions Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If given 'as needed' specify length of time between doses: _____

Emergency procedure in case of serious side effects: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No - Physician/designee has instructed student on correct use of inhaler or medication.
<input type="checkbox"/> Yes <input type="checkbox"/> No - Student has demonstrated to physician/designee necessary skills to administer medication by self and student can carry medication.

I request and authorize that the above named student be administered the above identified oral medication in accordance with the instructions indicated above from _____ (date) through _____ (date) (not to exceed current school year) as there exists a valid health reason which make administration of the medication advisable during school hours.

Doctor's name: _____ Phone _____ Fax _____
(Please Print)

Doctor's Signature: _____ Date _____

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT /GUARDIAN

I request that the principal or designated staff member be permitted to supervise the administration of medication to my child as stated above. I understand that the designated **staff member may be an unlicensed non-medical district employee.**

<input type="checkbox"/> Yes <input type="checkbox"/> No - Student has permission to carry and self administer inhaler
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Signature of parent/guardian

Date

MEDICATION MUST BE PROVIDED BY THE PARENTS IN THE ORIGINAL CONTAINER WITH INSTRUCTIONS

Medications at School - 3416P

Prior to administration of any prescription or over-the-counter medication the following requirements must be met.

1. Form #410, Parent's Request and Physician/Dentist Instructions for Giving Medications at School must be completed and signed by both the parent and licensed health professional (e.g. MD, DDS, DO, ARNP, PA-C). The order must also indicate name of medication, dosage, time, and dates to be given and include their signature. This request is valid for a period not to exceed the current school year.
2. All medication must be in the originally labeled container and be labeled with student's name. No more than a 30 day supply shall be accepted by the school.
3. Medication may be administered by a non-licensed, but trained, district employee. Medication administration training will be provided by the school nurse for non-licensed staff and pertain only to oral or inhaled medications. Medications given by routes other than by mouth cannot be delegated to non-licensed school staff except in an emergency situation (e.g. injectable epinephrine for severe allergic reaction, only in the form of Epi-Pen, prescribed for severe allergic reaction).
4. Medication should be brought to school by a responsible adult. All scheduled drugs such as Ritalin, Dexedrine, etc., must be counted by the responsible adult and a designated school employee before being accepted by the school.
5. If requirements above are not met and parents want the child to have the medication, the parent may come to school and administer it.
6. School medication storage areas will be kept locked.
7. It will be primarily the child's responsibility to come to the office at the appropriate time for medication. Schools will develop individualized plans as necessary.
8. In situations where the parent, licensed health provider, principal, and school nurse believe it is in the best interest of the student that he or she carry a medication, the student will carry a copy of the written permission from the parent and physician. Only one day's dosage (exceptions include multi-dose containers such as inhalers and insulin) in an originally labeled container, will be carried by the student. The original physician and parent permission form will be on file in the health room.
9. For students in *grades 6-12*, in situations where the parent believes it is in the best interest of the student that he or she carry over-the-counter medication, the student will carry a copy of a written permission form from the parent. Student may carry only one day's dosage.
10. For school sponsored off campus activities a copy of the permission form and the medication in its original container must accompany the student if he/she is to take the medication on the outing.