

**Olympia School District**  
**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**The following portion of the authorization must be completed and signed by a licensed health care professional**

Name of Medication	Dosage	Method(s) of Administration	Time of Day to be Taken

If "PRN" specify the length of time between doses: \_\_\_\_\_

Reason for medication to be given during school hours: \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

Permission to carry (check): Inhaler: \_\_yes \_\_no EpiPen: \_\_yes \_\_no Insulin: \_\_yes \_\_no (insulin injection may not be delegated to unlicensed staff)

I request and authorize the above named student be administered the identified medication in accordance with the instructions noted above from \_\_\_\_\_ to \_\_\_\_\_. There exists a valid health reason which makes administration of medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may only be administered by trained school personnel.

Licensed Health Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**This portion to be completed and signed by the parent/legal guardian**

I certify that I am the parent/legal guardian or other person in legal control, of the above identified student. I request and authorize the school to administer the above identified medication to the above identified student in accordance with the prescription and instructions from a licensed health professional.

I further understand and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed. Permission is granted to exchange medication information with the nurse and between the nurse and authorizing physician.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by school nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**All medications MUST be supplied in the original container and written authorization must match EXACTLY with information on the container.**

To: Parents  
From: School Nurse  
Re: Oral Medications Statute (RCW 28.A210.260 and 28A.210.270)

Please read these guidelines carefully and contact the School Nurse if you have any questions. These guidelines pertain to both prescription and over-the-counter medications.

**1. Medication Request**

All medication administered at school must be accompanied by a written and signed request from the parent/legal guardian and a licensed health care provider, including: M.D., D.O., N.P., D.D.S., P.A.A., A.R.N.P.

**2. Container**

Medication must be sent in the original container and properly labeled with the student's name, medication, dosage and instructions. Pharmacists will provide a second container for school use upon parent/legal guardian's request. A 20 day maximum may be sent at any one time.

**3. Bringing in Medication – Parent/Legal Guardian**

All medication must be brought to school and picked up by an adult.

**4. Dividing Medication**

If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to divide the tablet when filling the prescription. If the tablet is not divided by the pharmacist, then divided doses are the sole responsibility of the parent/legal guardian. Medication cannot be divided by school staff.

**5. Oral Medication Only**

The state law allows administration of oral medication by trained unlicensed staff. Medication inhaled through the mouth (asthma inhalers) is considered oral medication. Medications given by routes other than oral such as ointments, eye or ear drops, suppositories or injections can be given by the School Nurse or self administered only. The exception is Epi Pen injections to prevent anaphylactic shock in students with known sensitivity to bee sting, food, latex, etc. School staff may administer these injections after receiving annual training from the School Nurse. If it is medically necessary that the student receive this type of medication at school, contact The School Nurse.

**6. Disaster Planning**

If a child has a chronic health concern and would need medication if stranded at school, the parent/legal guardian is requested to provide the school with a three day (24 hour/day) supply of medication for emergency use (i.e. earthquakes). It must be accompanied with the request from the physician and parent/legal guardian.

**7. Field Trip Planning**

All requirements above apply to day or overnight field trips. If a parent/legal guardian accompanies his/her child on a field trip, they may give their child medication.

**8. Summer School**

All requirements apply to students attending summer school.

**9. Picking Up Medication**

Parents/Legal guardians must pick up all medications no later than the last day of the school year. Medication not picked up will be counted by two school staff, disposed of, and recorded.