

MEDICATION AUTHORIZATION ORDER FORM

Heritage Christian Academy
19527 104th Ave. N.E. Bothell, WA 98011
Phone (425) 485-2585 Fax (425) 486-2895

Student Name:

M or F

Birthdate:

Grade/Teacher:

School Guidelines for Medications

If a student must receive prescribed or non-prescribed oral medications during school hours, the following procedures must be followed. Prescribed or non-prescribed (OTC) medication may be dispensed to students on a scheduled basis once a completed Medication Authorization Order Form, signed by a LHP (licensed health care provider) and parent/guardian is on file. The request is valid for the current academic school year, unless a shorter time period is specified. The medication, supplied by the parent/guardian must be in the original, properly labeled container, including any over the counter medication and samples. Heritage Christian Academy accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHP order.

MEDICATION ORDER (to be completed by LHP)

Diagnosis	Medication	Dosage	Route	Time/Interval/ Condition/Symptom	Self-carry	Side Effects
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

LHP INFORMATION/SIGNATURE

I request and authorize that the above-named student receive the above-identified medication(s) in accordance with the instructions indicated, beginning with the day _____ of _____, 20____ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours.

LHP Signature:

Date:

LHP Name:

Phone:

Fax:

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

- Due to unforeseen circumstances, I understand a dose may be delayed or missed.
- All prescription and over-the-counter medication must be in their original, labeled container with student's name and instructions matching the Medication Authorization Order Form.
- When notified by school personnel that medication remains after the course of treatment I will collect the medication from the school or understand that it will be destroyed.
- Heritage Christian Academy assumes no responsibility for self-carried medications.
- My signature below indicates that I have read and understand and will abide by the school's medication policy.
- ***Please indicate if you want medication given on half days _____ YES _____ NO

Parent/Guardian Name and Signature:

Date:

Phone number (s):

Student Signature:

Date:

(only if authorized to self-carry)

Heritage Christian Academy **Medication Policy**

- ✓ Heritage Christian Academy recommends that medication be taken at home whenever possible. We recognize, however, that in some cases it is essential that medication be administered during the school day. For the protection of all the students and to comply with Washington state law, Heritage Christian Academy has a policy and procedures in place for the handling of ALL medications in the school. identification of the drug, dosage, and directions for administration.
- ✓ A quantity sufficient for one month **only** can be sent to school.
- ✓ The medication order is effective for the **current** school year only.
- ✓ If changes in the medication order occur, the parent is responsible

Please do not put any kind of medicine, including aspirin, vitamins, and cough drops in your child's lunch box, backpack, or pockets. Unidentified medicine can never be given at school. Adults must deliver/ pick-up medication to/at school. Parent/guardian will track the expiration date for medication and resupply as needed.

School Staff Administered – The following conditions must be met:

- ✓ All medications, whether over-the-counter or prescription, need a current Medication Authorization Form signed by the student's licensed health care provider **and** parent/guardian.
- ✓ Medication must be delivered to school in a properly labeled prescription or original over-the-counter container. The student's name must be on the label with proper
- ✓ for notifying the school and providing verification from the licensed health care provider.

Field trips: For students on daily medication, please request an extra labeled empty bottle from your pharmacy that can be used for field trips.

Student Self-Administered Medication – The following conditions must be met:

In appropriate cases and with the knowledge of the school nurse, the parent/guardian can delegate the responsibility for self-administration of medication to the student. In doing so, the parent releases Heritage Christian Academy from any obligation to monitor the student and assumes full responsibility for the student's use of the medication.

- ✓ Self-Administration does not apply to controlled substances, e.g. codeine, vicodin
- ✓ The student may only carry a one-day supply (1-2 doses) of the medication.
- ✓ The medication must be in the original container.
- ✓ The student must have written permission to self-medicate signed by the parent/guardian.

Medication to be self-administered for more than fifteen (15) consecutive days, whether over-the-counter or prescription, requires a current Medication Authorization Form signed by the student's licensed health care provider and parent/guardian stating that the student may self-medicate. The student must also demonstrate his/her ability to the school nurse to correctly evaluate his/her symptoms and use the medication appropriately.

Asthma and Anaphylaxis medications:

When a parent requests that his/her student be allowed to self-administer medication for asthma and/or anaphylaxis (severe allergic reaction), a Medication Authorization form must be filled out and signed by the licensed health care provider **and** parent/guardian. The permission form must contain a treatment plan for what to do in case of an emergency. The health care provider must also provide training for the student to recognize symptoms and the correct use of medications. Additionally, the student must demonstrate his/her ability to correctly evaluate his/her symptoms and use of medications to the school nurse including how to access help when needed.

School responsibility:

Non-medical staff will be trained by the school nurse in proper procedures for administration of medication if they are willing and appropriate to be delegated to. Medications: will be recorded on an individual medication log sheet, will be checked in/out (counted) and will be stored in a secure location in the health room.

Thank you for your support and cooperation in making Heritage Christian Academy a safe and healthy environment for learning.

Legal References:

RCW 28A.210.260 Public and private schools – Administration of medication – conditions
RCW 28A.210.270 Public and private schools – Administration of medication – Immunity from liability – discontinuance procedure
RCW 28A.210.320 Children with life-threatening health conditions – medication/treatment orders
RCW 28A.210.370 Students with asthma
RCW 28A.210.380 Anaphylaxis – policy guidelines – procedures - reports