



MEDICATION AT SCHOOL

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of school hours. Medication is ordered to be given to a student at school only when necessary. Medication, unless otherwise directed, will be kept in a designated secure area and administered by the school nurse or trained school personnel.

Health Care Provider's Orders (to be completed by Health Care Provider)

Student:		Birth date:
Diagnosis for which medication is given:		
Name of Medication(s)	Dose	Time of day to be given

If medication is to be given prn, describe indications :
If medication is to be given prn, length of time between doses:
Side effects of drug (if any) to be expected:
Patient <input type="checkbox"/> may <input type="checkbox"/> may NOT keep medication (non--scheduled only) on person and self-administer. <i>This must also be approved by the School Nurse based on child's developmental level and the school environment as well as health care need. School RN approval _____</i>
Length of time this authorization is valid:

Health Care Provider Signature:	Date:
Health Care Provider name (<i>print or type</i>):	
Phone:	Fax:

Prescription medications must be labeled by the pharmacy with the name of the patient, health care provider, medication, dosage, and the time of day to be given. Over-the-counter medication must be labeled in the same manner. Any change in medication, dose or time must be handled as a new medication, and a new form completed by both parent and health care provider. In case of necessity, the school district may discontinue administration of the medication with proper advance notice.

Parent Permission (to be completed by parent or guardian)

I request that my child be allowed to take medication as described above.
 The medication will be furnished by me in the original container, and **BROUGHT TO SCHOOL BY AN ADULT**.
 My signature indicates my understanding that the school accepts no liability for untoward reaction when the medication is administered in accordance with the physician's directions.
 I am the parent or the legal guardian of the child named.

Signature of parent or guardian: _____ Date: _____

Parent phone (work) _____ (home) _____

This authorization is good for the current school year only.

Authorization for Mutual Exchange of Confidential Information

Student	Birth date	School
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As parent/guardian of the above-named student I authorize the mutual exchange of confidential information between **Kennewick School District** and the following, agencies or individual health care providers.

Agency/Health Care Provider	Address	Phone	Fax
Agency/Health Care Provider	Address	Phone	Fax

Parent/guardian signature	Date	Student signature (as desired)	Date
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Adult witness to signature	Date
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Comments:

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent or received by public schools may not be shared with any other party without the written consent of the parent/guardian, or the student (if 18 years or older and not under legal guardianship) This release may be retracted at any time, in writing, by parent/guardian or student. **This authorization can be in effect for no longer than 90 days after it is signed.**

Please send all confidential information to:

Name/Position	Address	Phone	Fax

MEDICATION AT SCHOOL RULES

- Under normal circumstances prescribed **oral** medication and **oral** over-the-counter medication should be dispensed before and/or after school hours under supervision of the parent / guardian.
- Medications will only be dispensed at school when failure to receive the medication may result in the student being unable to attend school or to be well enough to participate in learning activities.
- If a student must receive prescribed or over-the-counter **oral** medication during school hours, the parent must submit a Medication at School form completed and signed by both the parent and a licensed health care provider.
- Only the amount of medication needed during school hours for the course of the illness/condition is to be sent to school, not to exceed a one month's supply.
- Medications that must be given in half-pill doses must be cut by the pharmacy or the parent. The school will not cut pills.
- When the duration of a medication is complete or out of date, or at the end of the school year, the parent must pick up any unused portions of the medication. Unclaimed medications will be discarded.