WASHINGTON SCHOOL DISTRICT

High School Nurse Fax: (724) 223-5045 Park School Nurse Fax: (724) 223-5121

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<u>AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NONPRESCRIPTION</u> <u>MEDICATION DURING SCHOOL HOURS</u>

It is the policy of the Washington School District that all students' medication be administered by a parent at home. Under exceptional circumstances, when this is not possible, medications prescribed by a physician may be administered by school personnel in compliance with the school regulations.

- 1. Written instructions signed by the parent and physician will be <u>required</u> and will include:
 - a. Student name, age, grade level and date
 - b. Name of medication or medical device
 - c. Prescribed dosage
 - d. Length of time for administration of medicine or treatment
 - e. Purpose for medication or treatment
 - f. Other medications being taken
 - g. Possible side effects
 - h. Time schedule
 - i. Instructions for use
 - j. Any curtailment of activity
 - k. Additional recommendations
 - 1. Physician name, signature, address and phone number
 - m. Parental liability release (attached to form)
- 2. Only one dose will be given without a physician's order. After that, the medication will not be administered without the proper consent forms.
- 3. Prescription medication must be in a prescription labeled bottle, stating the student's name, medication name, and frequency for both short and long term administration.
- 4. Non-prescription (over-the-counter) medication will not be administered without instruction from physician. The procedure is exactly the same as above.
- 5. Teachers can remind the student when it is time to take the medication. The empty container will be sent home for refill, when needed. The nurse will contact the parent/guardian several days in advance before the prescription runs out.
- 6. We do not give medications in non-labeled bottles, or in bits of foil, envelopes, plastic bags, etc. The medication must be in the original container.
- 7. If the student is taking multiple medications, every medication must have a separate form and parent release.
- 8. Attached are the forms that you need to fill out and return to the School Nurse.

The Washington School District encourages parents to transport medications to and from school. Any unused medication will not be sent home with the student. It will be available for pick up in the Nurse's office. Any medication not picked up at the end of the school year will be discarded according to district policy and procedures.

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<u>AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NONPRESCRIPTION MEDICATION DURING SCHOOL HOURS</u>

		Date:
STUDENT NAME	DOB _	GRADE
The above named student must receive the followsufficient health.	wing medication during school	hours in order to maintain
Medication Name or Medical Device		
Prescribed Dosage		
Method of Administration		
Time Schedule/Frequency		
Length of Time (Days/Weeks)		
Reason for Medication		
Possible Side Effects		
Instructions for Use	,	
Other Medications Taken or Prescribed		
If Inhaler, Epi-Pen or Medical Devise, Is the Stu	ident to Carry on Person?	Yes No
Any curtailment of school activity?		
I do hereby release, discharge and hold harmless, the any and all liability and claims whatsoever, for the act there develop an allergic reaction or other reaction from	lministration of the above medicat	ion to my child/ward should
Parent/Guardian (Please Print)	Physician Nar	me (Please Print)
Address	Address	
Phone	Phone	
Parent/Guardian Signature	Physician Si	gnature

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Parental Liability Release

This statement must be returned to the school if your doctor requires medication to be given during school hours - prescription and non-prescription (over-the-counter).

Stude	ent Name:
named student, or to supervise the self admini- medication, and/or the use of a medical device	ion and/or nonprescription medication to the above stration of prescription and/or nonprescription by the student as set forth in the physician's order ptable documentation from the physician or based
practitioner or his or her designee who has pre authorization to provide oral and/or written in and/or medical device to the school nurse. For a personal representative under privacy regula the school nurse shall be entitled to all such in personally making the request. This authoriza consent to release of the aforesaid information regulations, laws and rules, including but not larepresentatives as provided by regulation sections.	tion and direction shall also be considered a
Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date

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