

# MEDICATION REQUEST FORM

Place student picture here

**STUDENT NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **Grade/Room #:** \_\_\_\_\_ / \_\_\_\_\_

DO NOT use this form for students needing emergency medications for Asthma or Severe Allergy/Anaphylaxis at school. An Asthma or Severe Allergy Plan, which includes medication orders, is required (RCW28.A210 + 370). Plans are available from the school office or district website: [www.spokaneschools.org](http://www.spokaneschools.org) (Parents & Students -> Support -> Health Services -> Medication Resources)

**THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY**

Name of Medication*	Dosage	Method of administration	Time(s) of day to be given

**\*One medication per request form**

Reason for medication: \_\_\_\_\_

For As Needed medications, specify the minimum length of time between doses: \_\_\_\_\_

Possible side effects and action needed if noted at school: \_\_\_\_\_

**For short term inhaler treatment for respiratory infection:** In my office, this student has demonstrated the ability to correctly self-administer this medication (inhaler or other device) and may carry the medication on his/her person.  Yes  No  N/A

I request/authorize the above named student be administered the above named medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ or the entire school year including summer months (if applicable), as there exists a valid health reason which makes administration of medication advisable during school hours. **Medication orders are valid for the current school year only.**

**Date of Signature:** \_\_\_\_\_ **Licensed Health Professional's Signature:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ LHP's Name (print): \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

*Please read Parent Information on the reverse side of this form.*

**I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of \_\_\_\_\_ to \_\_\_\_\_ or one entire school year including summer months (if applicable). Medication orders are valid for the current school year only.**

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule. I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF the above medication is an inhaler device that will be used for a short period of time:

**For short term inhaler treatment for respiratory infection:**

My child will carry inhaler on his/her person and is trained and capable to self-administer.  Yes  No  N/A

If so, I will provide a second "back up" inhaler for school.  Yes  No  N/A

*Note: If you child requires medication for asthma or anaphylaxis for an extended period of time, contact your school nurse. An Asthma or Severe Allergy Care Plan which includes medication orders is required.*

***The district shall incur no liability as a result of any injury arising from the self-administration of medication.***

**Date of Signature:** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This record must be maintained by the school district for 8 years.**

Dear Parent/Guardian,

Your child's safety and the safety of others is our primary concern when medication is needed during school hours. Whenever possible, medications should be administered at home, outside of school hours.

**The following requirements must be met if trained school personnel administer medication to your child during the school day (RCW 28A.210.260.270):**

- 1. Medications given by mouth, eye drops, and ear drops** may be administered by school staff.
  - No medication requiring injection shall be administered by unlicensed school personnel except for automatic injector pens ordered for an emergency allergy reaction (i.e. Epi-Pen).
- 2. Medication must be delivered to school by the student's parent/guardian or other responsible adult.**
  - Please allow time for school staff to count pills/capsules with you.
  - If half pills are needed, parents must split them prior to delivering medication to staff. A pill splitter is available for your use at school, if needed.
- 3. A medication request form must be completed** before any medication can be given by school staff. This form is available from the school office or at: [www.spokaneschools.org](http://www.spokaneschools.org) (Parents tab/Health Services/ Medication Resources)
  - The form must be **completed and signed by the student's LHP (Licensed Health Care Provider)**.
  - The form must be **completed and signed by the student's parent/guardian**.
  - A form must be submitted for each medication, **including over-the-counter medications** such as pain relievers, cough drops, cold medicines and **prescription medications**.
  - The completed medication request form can be hand delivered, mailed or faxed to school.
- 4. All medication must be in a properly labeled container.**
  - Prescription medication must be in a container labeled by a pharmacist or physician with the correct name of medication, dosage, and time for school administration.
  - Over-the-counter medication must be in its original container, labeled with your child's name.

**Self carry/administration requirements:**

For the safety of all students, we prefer that all medications are stored securely and administered by trained staff. However, at times, parent/guardian may thoughtfully decide that their child needs to carry their medication at school. To self-carry medication, the student must be able to self-administer without any assistance or reminders.

**The following requirements must be met if medication is to be carried by a student:**

1. Only one day's dose may be carried unless as in the case of, inhalers, such a request is impossible.
2. A student must be able to self-administer without any assistance or reminders.

**Note: Additional requirements are required for students that self carry/administer for *asthma or severe allergy*.**

**See information at the top of the Medication Request Form.**

**Other considerations:**

- The building principal/designee has the right to further restrict medications that are self-carried.
- **A student that is not using their medication responsibly may lose their right to carry medication.**
- A medication record will be maintained for all students for which medication is administered by school staff.
- Medications shall be returned directly to the parent/guardian or destroyed when discontinued or at the end of the school year.
- Diabetic students are guaranteed the right to carry insulin and all supplies necessary for treatment, monitoring and emergency situations (emergency snacks, glucose tablets, and water bottles, etc.).

Thank you for your cooperation and assistance in maintaining a safe school environment.

Health Services Director (354-7298)