WASHINGTON SCHOOL DISTRICT

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

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AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NONPRESCRIPTION MEDICATION DURING SCHOOL HOURS

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</u> <u>MEDICATION DURING SCHOOL HOURS</u>		
medication be	Date:	
STUDENT NAME	DOB	_ GRADE
The above named student must receive the follow sufficient health.	ving medication during school hours ir	n 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 Stud	dent to Carry on Person? Yes	No
Any curtailment of school activity?		

I do hereby release, discharge and hold harmless, the Washington School District, its agents and employees, from any and all liability and claims whatsoever, for the administration of the above medication to my child/ward should there develop an allergic reaction or other reaction from the administering of this medication.

Parent/Guardian (Please Print)

Address

Phone

Parent/Guardian Signature

Physician Name (Please Print)

Address

Phone

Physician Signature

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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).

Student Name: _____

We/I, by signing this authorization, do hereby authorize the Washington School District, its agents and employees, to administer prescription and/or nonprescription medication to the above named student, or to supervise the self administration of prescription and/or nonprescription medication, and/or the use of a medical device by the student as set forth in the physician's order to administer prescription medication, or acceptable documentation from the physician or based upon this request and authorization to administer nonprescription medication.

We/I, by signing this authorization, do hereby direct any physician, physician's assistant, nurse practitioner or his or her designee who has prescribed medication which is the subject of this authorization to provide oral and/or written information relating to said prescription medication and/or medical device to the school nurse. For this purpose, the school nurse shall be considered a personal representative under privacy regulations related to protected health information and the school nurse shall be entitled to all such information in the same manner as if I/we were personally making the request. This authorization and direction shall also be considered a consent to release of the aforesaid information under current and future federal and/or state regulations, laws and rules, including but not limited to, the express grant of authority to personal representatives as provided by regulation section 164.502(G) of Title 45 of the Code of Federal Regulations and the Medical Information Privacy Law and regulations generally referred to as HIPAA.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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.