



FRANKLIN
ACADEMY

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT _____ BIRTHDATE _____ SCHOOL _____

TEACHER _____ GRADE _____ SCHOOL YEAR _____

THIS SECTION TO BE COMPLETED BY STUDENT’S LICENSED HEALTH CARE PROVIDER

Medication will be given to a student at school only when absolutely necessary. The parent and licensed health care provider (LHCP) are urged to design a schedule for giving medication outside of school hours. If this is not possible, the medication will be given by designated school personnel employed by the District in order to accommodate the student’s individual needs. Only oral, topical, eye and ear drops will be administered.

The Franklin Academy accepts no responsibility for untoward reactions when the medication is administered in accordance with the directions on the student’s LHCP. Orders must be nondiscretionary and legible. **ONLY ONE MEDICATION PER FORM**

Diagnosis/reason for medication: _____	
Name of Medication: _____	Dose to be given: _____
<input type="checkbox"/> Oral <input type="checkbox"/> Inhaler <input type="checkbox"/> Topical <input type="checkbox"/> Eye Drops <input type="checkbox"/> Ear Drops	
Specific Time (s): _____ and frequency of administration _____	
Directions: _____	
Anticipated Action of Medication: _____	
Length of Prescription Period: <input type="checkbox"/> Current School year (including Summer School) <input type="checkbox"/> Other _____	
Side Effects: _____	

I certify that valid health reasons exist requiring that the above medication be administered during school hours or during such time that the student is under the supervision of school officials.

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated.

Date of Signature

Telephone Number

Licensed Health Care Provider’s Signature

LHCP name (Print or Type)

The Parent/Guardian section is to be completed on back of this form.

OVER

GUIDELINES FOR PARENT/GUARDIAN REGARDING MEDICATIONS IN SCHOOL

The Franklin Academy is authorized by RCW 28A.210.260-270 and RCW 18.71.030 (3) to administer prescribed oral, topical, eye and ear drops to students during school hours or while students are in the custody of the district. The Franklin Academy will authorize its employees to administer prescribed oral medication to students ONLY when the students requires such medication in order to attend school, or when the student is susceptible to a predetermined life-endangering situation. **Designated employees shall administer oral, topical, eye and ear drop medication in substantial compliance with the Licensed Health Care Provider (LHCP) orders. This shall include, but not limited to, administration of the medication no earlier than one-half hour before or later than one-half hour after the time designated by the LHCP.**

Note: State law does not authorize non-licensed school personnel to administer eye drops, ear drops, nasal spray or skin ointments.

EMERGENCY MEDICATIONS GIVEN BY ROUTES OTHER THAN ORAL, TOPICAL, EYE & EAR DROPS (i.e. EPIPEN, SUPPOSITORIES, ETC.) REQUIRES THE PARENT TO CONTACT THE SCHOOL NURSE: AN INDIVIDUAL HEALTH PLAN WILL BE DEVELOPED FOR THE STUDENT.

PARENT RESPONSIBILITY

1. The oral, topical, eye and ear drops medication must be furnished in the current, original container from the pharmacy with the student's name, the name of the medication, strength and dosage to be given. Non-prescription oral, topical, eye and ear drops medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by designated school personnel. For example, pills that must be given in half tablet dosages must already be cut in half.
2. It is the parent's responsibility to deliver and maintain an adequate supply (not more than one month supply) of the medication at school. The medicine may not be delivered by the student. Medication delivered by the student will NOT be administered and the parent will be contacted to come to the school to verify medication and amount.
3. Doses missed at home will not be given at school.
4. At the end of the year, it is the parent's responsibility to pick up unused medication. Any medication left longer than five working days after the last student day will be destroyed.

STUDENT RESPONSIBILITY

It is primarily the student's responsibility to come to the office and receive his/her medication at the appointed time. If this is not done on a regular basis, the administration procedures will be reviewed by the nurse, and options will be considered.

AUTHORIZATION

1. The form, AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL, must be completed for each medication by of the following Licensed Health Care Providers (LHCP): Physician, Dentist, Nurse Practitioner, Physician Assistant, or Naturopath.
2. LHCP orders to give oral, topical, eye and ear drops medication at school are current until the end of the year, including summer school. The orders must be renewed by completing a new form at the start of each school year.
3. If the dosage or time of a medication changes, the LHCP must submit the new prescription on a signed form to school. A new-labeled container from the pharmacy, indicating the new dose or time, is also required.

I certify that I am the parent, legal guardian, or other person in legal control of the student named on the reverse. I have read and understand these Guidelines for Parent/Guardian Regarding Medications in School and request and authorize the school to administer the medication prescribed.

I understand that my signature indicates that the school accepts no liability for untoward reactions when the medication is administered in accordance with the LHCP directions.

Parent/Guardian Signature: _____ Date: _____

Telephone Number: _____ / _____ / _____
home work cell