

Columbia School District

755 Maple Street • Burbank WA 99323 • 509-547-2136 • 509-546-0603 (fax)

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student's Name: _____ Birth Date: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE PRIMARY CARE PROVIDER ONLY

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time of Day</u>
_____	_____	_____	_____

Reason for medication to be given at school: _____

If given as needed, specify length of time between dose: _____

Anticipated action: _____

Is this condition considered life-threatening? YES NO

Indicate if student may carry Inhaler or Epi-pen on his/her person: YES NO

Student is capable to self-administer medication YES NO

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered or self-administer the above identified medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date Licensed Health Professional

Phone Number Name (print or type)

Please note: If samples of medication are given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner. I understand the nurse may communicate with the above provider concerning this order. **If I have given permission for my child to carry and self-administer above medications, I acknowledge I have read and agree with Procedure No 3419-E (Self-Administration of Asthma and Anaphylaxis Medications), see reverse side.**

Permission to carry inhaler or Epi-Pen YES NO

Permission to self-administer medication YES NO

On early release days, I request my child be given his/her medication: YES NO

Date Parent/Guardian Signature

Home Phone Number Work Phone Number

Self-Administration of Asthma and Anaphylaxis Medications

Asthma is an inflammatory disease of the respiratory tract. Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by an allergist/immunologist.

- 1. Students with asthma or anaphylaxis are authorized, in consultation with the school’s professional registered nurse, to possess and self-administer medication for asthma or anaphylaxis during the school day, during school sponsored events and while traveling to and from school or school sponsored activities. The student will be authorized to possess and self-administer medication if the following conditions are met:
 - A. The parent or guardian must submit a written request for the student to self-administer medication(s) for asthma or anaphylaxis;
 - B. A health care practitioner has prescribed the medication for use by the student during school hours and the student has received instructions in the correct and responsible way to use the medication(s);
 - C. The student demonstrates to the health care practitioner and a professional registered nurse at the school the skill necessary to use the medication and to use the device necessary to administer the medication;
 - D. The health care practitioner provides a written treatment plan for managing the asthma or anaphylaxis episodes of the student and for use of medication during school hours. The written treatment plan should include name and dosage of the medication, frequency with which it may be administered, possible side effects and the circumstances that warrant its use;
 - E. The parent or guardian must sign a statement acknowledging that the district will incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self administration of medication by the student.
- 2. The authorization to self medicate will be valid for the current school year only. The parent or guardian must renew the authorization each school year.
- 3. In the event of an asthma or anaphylaxis emergency, the district will have the following easily accessible:
 - A. The student’s written treatment plan;
 - B. The parent or guardian’s written request that the student self medicate; and
 - C. The parent or guardian’s signed release of liability form.
- 4. Backup medication, if provided by the parent or guardian, will be kept at a location in the school to which the student has immediate access in the event of an asthma or anaphylaxis emergency.
- 5. A student’s authorization to possess and self-administer medication for asthma or anaphylaxis may be limited or revoked by the building principal after consultation with the school’s professional registered nurse and the student’s parents or guardian if the student demonstrates an inability to responsibly possess and self-administer such medication.

AGREEMENT OF EXEMPTION			
The parents/guardians/18 year old student shall hold harmless and indemnify the Columbia School District and its officers, employees, and agents against all claims, judgements, or liabilities arising out of the self-administration and carrying of medication their student/self:			
_____ <i>First & Last Name</i> _____			
Parent/Guardian	Date	School Principal	Date
Student, if 18 yrs. old	Date	School Nurse	Date