



"To teach all students essential skills and the value of learning"

Pullman School District No. 267 • 240 SE Dexter • Pullman, WA 99163 • (509) 332-3144

**AUTHORIZATION FOR ADMINISTRATION
OF ORAL MEDICATION AT SCHOOL**

Student's Name _____ Birth Date _____
School _____ Teacher _____ Grade _____

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN

Name of Medication	Medical Condition	Dosage	Method of Administration	Time of Day to be Taken

For inhaler use, is the child allowed to carry and self administer inhaler? 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 the above identified medication in accordance with the instructions indicated above for the period commencing with the ____ day of _____, 20__ through the ____ day of _____, 20__ (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Health Care Provider Signature

Date

Printed Name

Telephone Number

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer the above identified medication to the above identified student in accordance with the doctor's instructions. I understand that every effort will be made by school staff to administer the medication in a timely manner. I will provide the medication in the original, properly labeled container.

I have read and understand the "School Medication Rules" (printed on the back of this document).

Parent/Guardian Signature _____ Date _____

(medication rules on reverse side)

SCHOOL MEDICATION RULES

Washington State law (RCW 28A.210.260 and 270) permits school staff to administer medication only in limited situations. When possible, the parents and physician are urged to design a schedule for giving medications outside school hours. Medication is defined to mean all drugs, whether prescription or “over the counter”.

Prior to administration of any medication, the following requirements must be met:

1. Authorization for Administration of Oral Medication at School form must be completed by both parent/guardian AND a licensed health care professional with prescriptive authority.
2. For over-the-counter and non-prescription medications, the medication MUST be in the original container labeled with the student’s name.
3. For prescribed medication, the medication MUST be in a properly labeled container from the dispensing pharmacy with the student’s name; medication name, strength and dosage; time and mode of administration.

PLEASE NOTE:

Requests for the administration of oral medication are valid only for the medication(s) listed and the dates indicated. Requests for medication administration must be re-authorized each school year. Medication administered by routes other than oral (ointments, eye drops, nasal inhalers, suppositories, or non-emergency injections) may not be administered by school staff other than licensed nurses.

All medication will be kept in the school office/health room unless otherwise directed by the Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.

Thank you for your cooperation.