

**WHITNALL SCHOOL DISTRICT**  
**PARENT AND PHYSICIAN AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Hour(s) Administered: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_

Physician Prescribing Medication: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If approved by their physician, I allow my child to carry their Epi-Pen and/or Inhaler,

I agree to notify the school in writing at the termination of this request or when any changes in the above order are necessary.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

Note: Before medication prescribed by a physician can be administered by school personnel, a signed statement from the physician which includes the conditions and circumstances for administering the medication, the prescribed dosage, and the frequency of administration must be on file. The 'Physician Order for Medication' below may be used for this purpose.

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**Physician Order for Medication**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication and Dosage: \_\_\_\_\_

Medication Frequency/Time: \_\_\_\_\_

Conditions under Which Medication Should Be Given: \_\_\_\_\_

Contraindications / Side Effects: \_\_\_\_\_

If the medication is an inhaler or Epi pen:

Check box if student may carry the inhaler with him/her.

Check box if student may carry Epi-Pen with him/her

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# WHITNALL SCHOOL DISTRICT

## PROCEDURES FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

### Non-Prescription Medication

Non-prescription medication can only be administered by school personnel or volunteers with the written permission of the parent or guardian. Written instructions must be given on the appropriate form (attached) and shall include the following information:

- name of the medication and the prescribed dosage
- the frequency of administration of the medication
- the conditions or circumstances which require the administration of the medication

Forms are available to the parent or guardian by the school principal. Completed forms are maintained in the school office or health room.

### Prescription Medication

Prescription medication can be administered by school personnel only after the school has been provided with signed, written authorization from the parent or guardian and the student's physician or practitioner. The following information is required for administration of medication to occur in school:

- name of the medication and the prescribed dosage
- the frequency of administration of the medication
- the conditions or circumstances which require the administration of the medication

Forms are made available to the parent or guardian by the school principal for their signature and that of the student's physician or practitioner. Completed forms should be maintained in the school office or health room.

### Labeling and Storage of Medication

Medications to be administered at school must have the following information clearly printed on the container:

- child's full name and grade
- name and dosage of medication
- frequency of administration
- physician's name (for prescription medication only)

All prescription medication must be in a pharmacy labeled container. Non-prescription medication should be stored in the original container of purchase. (Baggies or other unsafe containers are not allowed for the storage of any medication).

### Storage at School

Each school should develop a plan for the storage and administration of medication for each child affected. Medication should generally be kept in a locked container of some sort.

### Medications for Field Trips

With the exception of inhalers and emergency medications, such as Epi-pens and Benadryl for severe allergies, we will not be allowed to dispense daily medication from the school for field trips. Parents may opt to obtain a field trip dose of medication prepared by their pharmacy if they wish for their child to obtain a dose while on his/her field trip. If a parent is attending the field trip they may administer medication to their child.

### Unused Medication

Unused medication will not be returned to the student to be transported home. Parents may recover unused medication at the school office. ALL consent forms must be renewed each school year and/or any time a medication or dosage of a medication is changed. Any questions about medication in school should be directed to the principal, the school nurse or the Director of Student Services.