

MEDICATION AUTHORIZATION FORM

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader

Student Name: _____ School: _____ Grade: _____ DOB: _____

Parent/Guardian: _____ Phone (Hm): _____ (Wk): _____

Mercer Island School District No. 400 is authorized by RCW 28A.210.260 State Statutes to administer any prescribed and over the counter medications to students during school hours, only when: 1) The medication is accompanied by a written, current, and unexpired request from a licensed medical health care provider, and 2) there exists a valid health reason that makes administration of the medication advisable during school hours.

Medication requests will be valid only for the medication(s) listed and the dates indicated on District request forms. Requests shall not extend beyond the end of the current school year. Medications must be supplied in their original container with the label indicating the student's name, the licensed medical health care provider's name, the dosage, and instructions for administration. Medication may be administered by non-licensed/non-medical school personnel.

When a parent/guardian, medical health care provider, and school nurse agree, a student may be allowed to carry and self-administer medication. (See MISD School Board Procedure #5139.2 for specific allowances).

For your convenience, Medication Requests may be faxed to: School Nurse: MIHS Fax # 206-236-3358; IMS Fax # 206-236-3408; Island Park Fax # 206-230-6251; Lakeridge Fax # 206-230-6232; Northwood Fax # 206-275-5889; West Mercer Fax # 206-230-6043

Medical Health Care Provider Request

Medication name and strength:	#1	#2	#3
Dosage (# of pills/tsp. etc.):	#1	#2	#3
Time of administration:	#1	#2	#3
Reason for administration:	#1	#2	#3
Side effects:	#1	#2	#3

Known medication allergies: _____

Other medications being taken by student: _____

As physician for this student, I agree he/she is capable of self-administration: Yes ☐ No ☐

As physician for this student, I agree he/she may carry the above meds with him/her: Yes ☐ No ☐

I request and authorize the administration of the above medication(s) for the period beginning _____ day of _____ 20____
through _____ day of _____ 20____ as there exists a valid health reason which makes administration of the medication
advisable during school hours.

Medical Health Care Provider Signature _____ Date _____

Type or Print name of Medical Health Care Provider _____ Phone _____ Fax _____

Parent/Guardian Request

I certify that I am the parent, legal guardian, or person in legal control of the above-named student. I request and authorize the Mercer Island School District to administer this medication to the above named student in accordance with the instructions of the authorizing student's medical health care provider above. I also authorize the District to enter into a Mutual Exchange of Information with the student's medical health care provider named above. I acknowledge receipt of the district's procedures for medication in the school.

If the medical health care provider, school nurse and principal agree, I also give permission for my child to self-administer this medication at school: Yes ☐ No ☐

If the medical health care provider, school nurse and principal agree, I also give permission for my child to carry this medication at school: Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

School Nurse Approval _____ Date _____

Mercer Island School District

Summary of Policies and Procedures for Administering Medication at School

Dear Parent/Guardian,

This is an information sheet to help answer questions you may have regarding our policies and procedures for administering medication to students during the school day. These policies and procedures are derived from the current school board policy, which is available upon request. Please remember the safety of your student is our highest concern.

All oral medication is to be administered pursuant to the law and only when a medical provider practicing within the scope of their prescriptive authority determines there is a valid health reason to medicate during school hours.

A Medication Authorization Request form must be properly filled out and signed by the medical provider and the parent/guardian for both prescription and over-the-counter medications. Medication orders must match the directions and dosages on the medication containers.

Prescription medication must be provided in a properly labeled pharmacy container. The label should include the student's name, the medication name and strength, instructions for dispensing, and the prescribing doctor's name. Over-the-counter medication must be in the original container.

If the parent/guardian, medical provider and school nurse agree, students may be allowed to self-carry and self-medicate. The type of medication allowed will vary with the grade level.

Elementary students will be limited to oral inhalers and Epi-pens.

Middle School students may be allowed to carry inhalers, allergy medications, Epi-pens, and mild, non-prescription pain relief medications.

High School students are allowed to self-medicate for any medications they may require. For the protection of your student, a Medication Authorization form must be on file, and only a single dose of the medication should be carried by the student. Schedule II controlled medications (i.e. Ritalin, Adderall) shall be limited to a one day supply for school use.

Students are responsible for obtaining their medication from the designated District employee at the scheduled time. Non-licensed/non-medical personnel who have been trained by the school nurse may administer medications. Physician ordered daily and emergency medications will be sent on field trips.

Only adults should deliver or pick-up medications to be administered at school. All medication will be discarded at the end of the school year after attempting to first contact the parent/guardian.

Thank you,

Your School Nurse

Updated 12-13-16 MISD