

Coupeville School District
Authorization for Medication at School
Form 3416-F1

Your assistance in maintaining a safe medication routine for your child is greatly appreciated. Please feel free to contact the school nurse or student services secretary if you have questions regarding administration of medication at school.

Whenever possible, parents and licensed healthcare professionals are encouraged to set a schedule that allows medication to be dispensed before or after school hours under the supervision of the parent/guardian. When this is not possible, a written authorization from the parent, signed by both the parent and a licensed healthcare professional is required for each medication to be administered, both prescription and nonprescription. This form, called "Authorization to Administer Medication at School," can be found at each school office. **Medication may not be dispensed to your child without this form on file. Each written request is valid the current school year only; a new form must be completed each year.**

If the medication is to be kept in the health room, it must be brought to school in the original, properly labeled container, and must not have exceeded the expiration date. We can only accept up to a 20 day supply of any medication at a time.

Self-administration of medication. If a licensed healthcare professional and a student's parent request that a student be permitted to carry his or her own medication and be permitted to self-administer the medication, the principal may grant permission after consulting with the school nurse or the Island County Health Department. The principal and nurse will take into account the age, maturity, and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication, and other issues relevant in the specific case before authorizing a student to carry and/or self-administer medication at school. In no circumstances will students be allowed to self-administer Ritalin or other class 2 medications.

If your child has received permission to self-carry his/her own medication (grades 6-12), the medication must be brought to school in the original, properly labeled container and must not have exceeded the expiration date. **No more than a one day supply may be brought at a time.** (Exceptions are made for multi-dose devices, like asthma inhalers.) Students are not to share their medication with other students.

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Name of Student _____ Birthdate _____

School _____ Grade _____

Requested: Medication kept in health room Staff to administer
 Student to self-carry Student to self-administer

Licensed Healthcare Professional to Complete this Section

Name of Medication	Dosage	Method of Administration	Time of Day To Be Taken
Exp.Date:			

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

In my professional opinion:

- Student is is not capable of self-administering this medication.
- Inhaled/oral medication may must does not need to be carried by student on his/her person.
- EpiPen medication may must does not need to be carried by student on his/her person.
- Insulin medication may must does not need to be carried by student on his/her person.

I request and authorize the above-named student to receive the above-identified medication in accordance with the instructions provided from _____ to _____ (current school year only) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Healthcare Professional's Signature

Date

Licensed Healthcare Professional's Printed Name

Telephone

Parent/Guardian to Complete this Section

I request/authorize the above-identified medication to be administered in accordance with the above instructions. I acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and 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.

Parent/Guardian Signature

/ _____
Student Signature

Date

Reviewed and Approved:

School Principal Date

School Nurse Date

For Office Use:

SC – K-5 Demo Date: _____

SA – 6-12

Student Use Demonstrated: _____