



HEALTH SERVICES

2323 E. Farwell Rd • Mead WA 99021 • Telephone (509) 465-6000 • Fax (509) 465-6020

MEDICATION REQUEST FORM (HS 300A)

Student Name: _____ Birthdate: _____
School: _____ Grade: _____

TO BE COMPLETED BY A LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

Name of Medication: _____ Dosage: _____
Time(s) of Day To Be Taken: _____ Route: _____
If given PRN, specify the length of time between doses: _____
Reason for Medication: _____
Possible Side Effects: _____

Self-Carry Medication: This student has demonstrated, to a LHP in my office, the ability to

- Correctly administer this medication: [] Yes [] No
Student may carry medication on his/her person: [] Yes [] No

I request/authorize that the above-named student be administered 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 or during such time that the student is under the supervision of school officials. Such medication may be administered by trained school personnel who have no formal medical education.

Date of signature _____ Signature (Licensed Health Professional with Prescriptive Authority) _____
Phone Number: _____ Name: _____ (Print or Type)

NOTE: This form MUST be signed by a licensed health professional with prescriptive authority.

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 from _____ 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 and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed.

Under limited circumstances, a student may self-carry medication. In this case an additional form will need to be completed by the parent, student and nurse (HS-300B).

Date of Signature _____ Parent/Guardian Signature _____
Telephone Number: (Home) _____ (Cell) _____ (Work) _____
School Nurse Signature: _____ Date: _____

**MEAD SCHOOL DISTRICT
PARENT INFORMATION ON MEDICATION AT SCHOOL**

Pursuant to Chapter 195, Laws of 1982 and Chapter 28A.210 RCW, Mead School District is authorized to administer oral, topical or nasal medications, and eye drops or ear drops to students during school hours. It is our policy that such medications will only be administered when the failure to receive the medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. We define medication to mean all drugs - whether prescription or over the counter. Medication must be brought to the school office by the parent/guardian/custodian and will be stored in a locked cabinet, unless the student is approved for self-carrying the medication. Medication authorization is good for the current school year only.

THE FOLLOWING CONDITIONS MUST BE MET:

- I. Prescription Medication (Use school district form HS 300A)
 1. All prescription medication must have written orders. The medication request must be signed by a licensed health professional who has prescriptive authority.
 2. All prescription medication must have signed parent/guardian/custodian permission.
 3. All medication must be in the original prescription bottle (container), unexpired, and properly labeled with student's name, name of drug, dosage, name of health professional who is prescribing, and the time of day to be given.
 4. Sample medication must also be properly labeled, unexpired, and in the original container or package.
 5. When Prescription Medication is approved for self-carry, HS 300A and HS-300B must be completed.
- II. Back-up Medication
 1. It is highly recommended that students who self-carry medication for life threatening health conditions (i.e. Epinephrine and/or inhalers) keep back-up medications in the health room office.
 2. Back up medication may also be required for extra-curricular sports and activities.
- III. Non-Prescription Medication. (Use school district form HS 300A)
 1. Non-prescription medication (i.e. cough drops, vitamins, acetaminophen, cough syrup or any over-the-counter medication) will not be administered without written prescriptive orders plus signed parent/guardian/custodian permission.
 2. Non-prescription medicine must be in the original container, unexpired, and must be labeled with the student's name, the name of the medication, strength, dosage, and when to be administered.
- IV. Self-carried Medication. (Use school district form HS 300B)
 1. Non-prescription, over-the-counter, medication (such as ibuprofen or cough drops) may be self-carried by a student with signed parent/guardian/custodian permission and nurse approval for periods of no more than 15 consecutive days. In this instance only, no doctor's orders are required.
 2. Only one day's supply of the medication may be carried by the student.
 3. The Self-Carry Medication Request Form (HS 300B) must be filled out and reviewed with the school nurse. A copy of this signed form is to be carried by the student with the medication.
 4. All self-carried medication must be in the original bottle (container), unexpired, and properly labeled with the student's name, name of medication, strength, dosage and parameters of when and how it is to be taken.
 5. Exception: Sunscreen may be self-carried and applied by the student with parent permission only. Spray or aerosolized sunscreen is discouraged due to other students with asthma and allergies.
- V. Non-Oral Medication
 1. School personnel may administer eye drops, ear drops, nasal drops/sprays, ointments, & topical medication.
 2. School personnel (except school nurses) will NOT administer rectal or injectable medication. These medications must be self-administered by the child or the parent/guardian/custodian, or an adult designee may come to school and administer the medication.
Exception: Injectables in life-threatening situations (i.e. Epinephrine for Anaphylaxis).
 3. If medication is self-administered, it must be indicated on the Medication Request Form.
 4. If medication is ordered, "If a nurse is available...", this does not imply or guarantee a nurse will be on site at all times to give that medication.