

St. Paul's Academy

3000 Northwest Ave. • Bellingham, WA 98225 • Phone (360) 733-1750 • Fax (360) 734-1882

GUIDELINES FOR DISPENSING ORAL MEDICATION AT SCHOOL

St. Paul's Academy and Little Epistles' Preschool are authorized by RCW 28A.201.260-.270 and RCW 18.71.030(3) to administer prescribed oral medication to students during school hours or while students are in our custody. St. Paul's Academy and Little Epistles' Preschool will authorize its employees to administer prescribed oral medication to students only when the student requires such medication in order to attend school or school-sponsored activities or when the student is susceptible to a predetermined life-endangering situation.

Prescribed oral medication may be dispensed to students on a scheduled basis upon written permission and instruction from a parent or legal guardian (hereinafter "parent") accompanied by the signature of the Licensed Health Care Provide (LHCP) RCW 18.79.260(2) prescribing within the scope of his or her prescriptive authority. The written authorization must be signed by the parent and the LHCP. All written authorizations must be current and unexpired. All requests for dispensing oral medication must be renewed annually at the beginning of each school year.

Note: State law does not authorize non-licensed school personnel to administer eye drops, eardrops, nasal sprays or skin ointments.

Emergency medication given by routes other than oral requires the parent to contact the school administrator. An individual health plan will be developed for the student.

All written authorizations must state that 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 (e.g. field trips, extracurricular activities, etc.)

The LHCP's written authorization must include instructions for the administration of the medication. These instructions must be non-discretionary.

The Head of School or his/her designee shall establish procedures for:

1. Designating staff members who may, under the supervision of a professional person licensed pursuant to RCW 28.210.260, prescribe medication to students;
2. Training staff members in the administration of prescribed oral medication, such training to be conducted by school nursing consultant.
3. Receiving signed, dated requests for the administration of prescribed oral medication from the student's parent.

4. Receiving signed, dated requests from the student's LHCP for administration of prescribed oral medication and instructions for such administration:
5. Reviewing all requests, identifying concerns regarding the administration of medications and deciding what action to take with respect to the request;
6. Implementing requests for administration of prescribed oral medications;
7. Discontinuing medication administration;
8. Self Administration of medication by student;
9. Storage of prescribed oral medication;
10. Maintaining records pertaining to the administration of prescribed oral medications.

Legal References

RCW 28A.210.260

**Administration of Oral
Medication-Conditions**

RCW 28A.210.270

**Administration of Oral
Medication-Immunity from
Liability**

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AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: _____ Birth Date: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP) PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day To Be Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis or reason : _____

If given PRN, specify the length of time between doses: _____

Inhalers: _____

Indicate if student carry on his/her person

Student is capable of self-administration of medication _____ 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 oral medication in accordance with the instructions indicated above from _____ (date) to _____ (date) (not to exceed current school year) as there exists a valid health reason which make administration of the medication advisable during school hours.

Date of Signature

Licensed Health Professional

Telephone Number

Name (Print or Type)

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

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 LHP'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.

Permission to carry inhaler _____ Yes _____ No

Permission to self-administer medication _____ Yes _____ No

Date of Signature

Parent/Guardian Signature

Telephone Number:

(home)

(work)

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THIS PORTION OF FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. I have read this form and Guidelines for Parent/Guardian Regarding Oral Medications in School and request and authorize the school to administer the medication prescribed.

I understand the medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication and the amount to be given. Nonprescription medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by building staff.

It is the parent's responsibility to deliver and maintain an adequate supply (not more than one month supply) of the medication at school. The medicine may not be delivered by the child. Medication delivered by child will NOT be dispensed.

I understand that my signature indicates that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions.

I understand that it is the student's responsibility to come and receive his/her medication at the appointed time. I also understand that because of the school's schedule and the other responsibilities of school staff members, there may be occasions in which a dosage may be delayed or missed.

If there is any medication left at the end of the year, it will be destroyed if I do not pick it up within 5 working days after school is out.

As a general rule, the district will not administer prescribed oral medication during field trips. I understand that in those instances where medication must be administered I will make arrangements at least 24 hours prior to the field trip.

Parent/Guardian Signature: _____ Date: _____

Telephone Number: _____ / _____
HOME WORK