

### Authorization for Medication Administration by School Personnel

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I am giving school personnel permission to administer medications to my child per the following:

**Medication:** \_\_\_\_\_  
(one medication per form)

Non-prescription

**Expiration date of medication** \_\_\_\_\_

**Dose (how much)** \_\_\_\_\_

Prescription

Dosage to be administered at school cannot exceed manufacturer recommendation unless accompanied by a doctor's order.

**Route:** (circle one)

By: Mouth Ear Eye Nose Skin Inhalation  
Rectal Injection

**ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH ACCURATE LABEL. Inhalers? Please have pharmacy apply a label to the canister and a spacer to ensure a full dose.**

**Time to be given at school:** \_\_\_\_\_

**Reason for Medication:** Check one:

- \_\_\_\_\_ Prolonged Seizure
- \_\_\_\_\_ Severe Allergic Reaction
- \_\_\_\_\_ Severe Hypoglycemic Reaction
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

Tablets requiring cutting will be cut by the parent before being send to school. Liquid medication requires dosage spoon to be supplied by parent

**Begin Date** \_\_\_\_\_ **End Date\*** \_\_\_\_\_

This medication needs to go on school field trips: YES \_\_\_\_\_ NO \_\_\_\_\_

- I understand I am responsible to provide this medication and maintain the supply as needed.
- I understand I am responsible to notify the school in writing of any changes.
- \*Parents are required to pick up all unused medication within 10 days of dose end date. All medication left after that time will be discarded.
- Parent must notify school of any doses of OTC medications given prior to the school day to avoid overmedicating the student ( i.e. if student takes a pain reliever before coming to school)
- This authorization applies only to this above listed medication and for the duration of treatment or school year.
- This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel and/or my child's health provider.
- Expired medication will not be checked into the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

West Linn-Wilsonville School District  
**Self Medication Agreement**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medication:** \_\_\_\_\_  **Prescription**     **Non-Prescription**  
(one medication per form)

**Dose (how much):** \_\_\_\_\_

**Student Agreement and Signature:**

I, \_\_\_\_\_ agree I will

- Never allow another student to use my medication
- Check to make sure that my medication is labeled with my name
- Be aware of the expiration date of medication and replace before expired
- Keep my medication secure at all times and take to all activities and events as needed
- Avoid/minimize risks to my health and safety
- Follow school protocol and my medical provider's instruction and directives on my emergency plan of care if applicable
- Report to teacher/coach/administrator/chaperone if I am in distress due to symptoms related to my health which may include;
  - \*Side effects from medication
  - \*Diabetes
  - \*Life threatening allergy
  - \*Asthma (inhaler to be used with a spacer to ensure full dose)
  - \*Other medical concerns

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Agreement and Signature:**

- If my child carries emergency medication (including but not limited to inhaler, epinephrine auto injector, and/or Glucagon) I am expected to provide "back up" supply in the school health office.
- I will educate (or communicate the need for the school nurse to educate) any/all staff who support my child during extra-curricular activities beyond the normal school day
- Medication will be in original bottle, labeled with student's name and not be expired
- My child will only have possession of the **necessary** number pills for one day's dosage
- Sharing or borrowing of medication with another student is strictly prohibited
- Permission to self-carry may be revoked if my child violates the District policy  Violation of this agreement may result in school discipline

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

This document will be kept in the Health Office at your student's school.

Principal Initials \_\_\_\_\_ Nurse Initials \_\_\_\_\_ (4/20)

## MEDICATION AT SCHOOL

WLWV School District

The district recognizes that medication may need to be administered during the school day to allow the student to remain in school and have the ability to access their education. Our district policy, in compliance with the state law, requires the following:

Forms can be found on the WLWV District website <https://www.wlww.k12.or.us/domain/109> or in your school office

### Medication administered by trained school staff:

- All medication will be transported to school by parent or guardian (the exception is students with diabetes can transport their insulin)
- Prescription medication is ordered by Oregon licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA), Nurse Practitioner (NP), Dentist, Optometrist or Naturopath
- Dietary food supplements do require a prescription
- Non-prescription medication means commercially prepared, non-alcohol based medications that do not require written instructions from a physician and meet the directions for dosing based on age/weight.
- Parent is to complete a Medication Authorization form
- Medication is in the originally labeled container and not be expired
- Staff cannot make changes to medication timing or dose based on verbal request from parent or guardian

### Medication that will be self-administered:

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

- Permission form must be submitted for self-medication of all prescription and non-prescription medication.
- School District Nurse and School Administrator signature required for all self-carried medication
- All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
  - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Student is expected to use a spacer with inhalers.
  - Nonprescription medication must have the student's name written on the original container
- The amount of medication to be in the student's possession will depend on the type of medication and will be determined through the approval process and will provide only one day's dosage at school
- Sharing and/or borrowing of medication with another student is strictly prohibited.
- Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations. Additionally, students may be subject to discipline, as appropriate.

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If your student has a medical issue that may affect school, please reach out to your school's nurse. We prefer smaller bottles whenever possible as our space is limited. Unused medication will be returned to the parent at the end of the school year. Unclaimed medication will be discarded a week after the date to administer is over.

