



**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN
WHITE SALMON SCHOOL DISTRICT**

Student's Name: _____ Allergies: _____

DOB: _____ Gr: _____ School: _____ School Year: _____



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

Name of Medication: _____

Dosage/Frequency: _____

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

Diagnosis or reason for medication: _____

Possible major side effects of medication and/or side effects to report: _____

Student is capable of self-carrying/administering medication? ☐ Yes ☐ NO

BACKUP MEDICATION KEPT IN HEALTH ROOM IS HIGHLY ENCOURAGED!

I request and authorize that the above-named student be administered the above identified oral, intranasal or rectal 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.

Licensed Provider Signature

Clinic Name

Date

Name (Print or type)

Telephone

Fax



THIS PORTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

I request and authorize the school to administer medication to the above medication to the above identified student in accordance with the health care provider's instructions.

My signature indicates that I understand the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and parent/legal guardian shall hold harmless the district and its employees or agents against any claim arising out of the self-administration of medication by the student (WSVSD policy 3416).

You have my permission to communicate with this health care provider in order to make arrangements for the care and supervision of my child. I also give the Health Care Provider:

Permission to fax this form to the school: ☐ Yes ☐ No

Permission for my student to self-carry and self-administer medication: ☐ Yes ☐ No

Parent/Legal Guardian Signature

Date of Signature

Please note:

Reviewed by: _____

School Nurse/Date

1. All prescribed medication must be provided in a pharmacy labeled container (matching the provider's order) with the name of your student, name of the medication, and the dosage and frequency in which the medication is to be given.
2. Over the counter medications must have an authorization from a health care provider and be in the original container.
3. Medications must be brought to the school by the parent/guardian.
4. No more than a 20 day supply may be kept at school.
5. If your student's medication is needed during a field trip, you must bring a single dose of the medication in a separate container/bottle labeled by a pharmacist. You can request this from your student's pharmacy. Please bring this to school at least 3 days before the scheduled field trip.

PLEASE SEE BACK PAGE FOR INSTRUCTIONS

**If your student requires medications at school,
please refer to the following instructions:**

1. Notify your school nurse right away. If medication is needed for a life-threatening condition, the nurse may need to work with parent to create a care plan. Direct school numbers can be located on the district website at <https://www.wsvsd.org/> and are listed below.
2. Please complete parent section of the medication authorization form and provide student details at the top of the form.
3. Send to healthcare provider to complete and sign. If multiple medications needed at school, please fill out one form for **each** medication.
4. You or your provider may fax completed medication authorizations to your child's school.
5. Return form(s) with medication to school **before the first day of school**.
6. Contact School nurse (cell: 509-774-7691) with any further questions or concerns.

School Contacts:

District Office (509) 493-1500 Fax: (509) 493-2275	Wallace & Priscilla Stevenson Intermediate (509) 493-1502 Fax: (509) 493-3385
White Salmon Preschool (509) 493-4224 Fax: (509) 493-2204	Henkle Middle School (509) 493-1502 Fax: (509) 493-3385
Hulan L. Whitson Elementary (509) 493-1560 Fax: (509) 493-8214	Columbia High School (509) 493-1970 Fax: (509) 493-4182