



Authorization to Self-Carry and Administer Medication

Student's Name:		Birthdate: / /	
School:	Grade:	Teacher:	
Parent/ Guardian Name:			
Primary phone:		Secondary Phone:	
Please Check Appropriate box(es): <input type="checkbox"/> Self-carry and self-administer for <i>less than 15 days "Short Term"</i> <input type="checkbox"/> Self-carry and self-administer for <i>longer than 15 days "Long Term"</i> - requires signed licensed Health Provider (LHP) orders be on file for medication(s) I request that my child be allowed to self-carry/ self-administer the <u>non-controlled prescription</u> or over the counter (OTC) medication as written below per the LWSD policy 3416 and procedure 3416P: Medication: _____ Reason needed: _____ Dose to be taken: _____ Times: _____ Medication: _____ Reason needed: _____ Dose to be taken: _____ Times: _____ Requirements for Student to Self-carry and Administer <ul style="list-style-type: none">• Only <u>one day's dosage to be carried</u> in the original labeled container with student name on it• This signed self-carry permission form to be carried with medication• Student is responsible and will always keep medication in backpack/purse or on person• Student will not share medication with anyone• Student is responsible for taking medication on time <p>If student fails to meet these requirements listed above the authorization to self-carry may be revoked by the School Nurse or Principal</p> <p>_____</p> <p>Student Signature (stating they agree to above requirements) _____ Date</p>			
Agreement Of Exemption The parents/ guardians shall hold harmless and indemnify the school and the Lakewood School District officers, employees and agents against all claims, judgements or liabilities arising out of the self-administration and carrying of medication by their child. _____ Parent/ Guardian Signature _____ Date _____ School Nurse Signature _____ Date			



Lakewood School District: Medication Guidelines

If your student will be taking ANY medication at school, you must discuss with the school nurse.

The Lakewood School District recommend that medication be taken at home whenever possible. We recognize, however, that in some cases it is essential that the medication be administered during the school day. For the protection of all the students and to comply with Washington State law, the district has a policy and procedures in place for the handling of ALL medications in the schools.

Please do not put any kind of medicine, including aspirin, vitamins, and cough drops in your child's lunch box or backpack or pockets. Unidentified medicine can never be given at school.

School Staff Administered – The following conditions must be met:

- All medications, whether over the counter (OTC) or prescription, need a current Lakewood school District Medication Authorization form signed by the student's health care provider (HCP)/ Dentist (DDS) and parent/ guardian.
- Medication must be delivered to school in properly labeled prescription or OTC container. The students name must be on the label with proper identification of the drug, dosage, and directions for administration.
- A limit of a **twenty (20) day supply** can be checked in to school at one time.
- The medication order is effective for the **current** school year only.
- If changes in the medication occur, the parent is responsible for notifying the school and providing verification from the HCP/DDS.

Field Trips: For students on daily medication, request an extra labeled bottle from the pharmacy that can be used for field trips.

Student Self-administered Medication – The following conditions must be met:

In appropriate cases and with the knowledge of the school nurse, the parent/ guardian can delegate the responsibility for self-administration of medication to the student. In doing so, the parent releases the school district from any obligation to monitor the student and assumes full responsibility for the students use of the medication. The student must also demonstrate their ability to the school nurse to correctly evaluate their symptoms and use the medication appropriately.

- Self-administration does not apply to controlled substances, i.e., ADHD medications, Vicodin, codeine etc.
- The student may only carry a one-day supply (1-2 doses) of the medication.
- The medication must be in the original container.
- The student must have a parent/guardian signed district Self-carry Authorization form to self-medicate.

Medication to be self-administered for more than fifteen (15) consecutive days whether OTC or prescription requires a current Lakewood school District Medication Authorization form signed by the students HCP/ DDS and parent/guardian stating that the student may self-medicate in addition to the Self-carry Authorization form. The student must also demonstrate their ability to the school nurse to correctly evaluate their symptoms and use the medication appropriately.

Asthma, Anaphylaxis and Diabetes medications:

When a parent requests that his/her student be allowed to self-administer medication for asthma, anaphylaxis, and diabetes. A medication authorization form **must** be filled out and signed by the HCP and parent/guardian. The permission form must contain a treatment plan for what to do in case of an emergency. The HCP must also provide training for the student to recognize symptoms and the correct use of medications. Additionally, the student must demonstrate their ability to correctly evaluate symptoms and use of medications to the school nurse including how to access help when needed. (RCW 28A.210.370 and LWSD policy 3419)