

## STUDENTS

### Medication at School

#### I. Definitions

Licensed health care provider (LHCP) – Any licensed physician, surgeon, dentist, osteopathic physician, naturopathic physician, optometrist, podiatric physician, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner (ARNP), or midwife acting within the scope of their license.

Medication—For the purposes of this procedure, “medication” means ~~oral medication, topical medication, eye drops, ear drops, and pre-mixed nasal spray~~ any medication prescribed or non-prescribed, including over-the-counter (OTC) items, vitamins, homeopathic remedies, creams, and/or oils.

Oral medication—Oral medications are medications administered by mouth and include those that are swallowed, given enteral (into a gastrostomy tube), or inhaled (excluding intranasal medication). Inhaled medication excludes intranasal medication, but includes medication given by mask or with a spacer that covers the mouth or mouth and nose.

Medication Administration Record (MAR)—Is a document to record the following: the student’s name, birthdate, student ID number, current school year, current grade level, allergies, medication name, dose, route and time the medication should be administered, the medication expiration date, possible side effects, any special instructions, what, when, and how much medication is administered to a student, the administering staff member’s signature and initials, and the reviewing Registered Nurse’s (RN’s) initials and date.

#### II. Use of Medications at School

~~Prescribed and non-prescribed (commonly referred to as “over the counter”)~~

~~m~~Medication should be ~~dispensed~~ administered before or after school hours by the parent/guardian. Medication should be given at school only when absolutely necessary. Whenever possible the parent/guardian and LHCP are urged to design a schedule for giving the medication outside of school hours. With the exception of medical marijuana, a parent/guardian may administer ~~prescribed and non-prescribed~~ medication to their child at school.

On-site use, administration, dispensing, ingesting, smoking, or being under the influence of marijuana (medical or otherwise) is prohibited on school property, during the school day, and at school-sponsored activities conducted on or off campus and while on school-provided transportation.

If a student *must* receive ~~prescribed and non-prescribed~~ medications during school hours or when the student is under the supervision of school officials, the following procedures must be followed:

- Only a staff member designated by the principal, who has been delegated to and trained by ~~the building an~~ an RN, and who has successfully completed medication administration training can administer ~~prescribed and non-prescribed~~ medication;

- The medication to be given at school must have a completed Medication Authorization Order form, signed by the LHCP and the parent/guardian; and
- The medication must be in the original, properly labeled container, including any ~~non-~~**prescribed OTC** medication and samples.

Everett Public Schools accepts no responsibility for adverse reactions when the medication is dispensed or administered in accordance with the LHCP order.

A copy of this policy and procedure shall be provided to the parent/guardian for administration of medication in the schools. Prior to the medication being administered, the parent/guardian must complete and sign the Medication Authorization Order form. By signing the Medication Authorization Order form, the parent/guardian agrees that:

1. Due to unforeseen circumstances, a dose may be delayed or missed;
2. All medications must be in their original, properly labeled container with instructions matching the Medication Authorization Order; **and**
3. When notified by school personnel that medication remains after the course of treatment, the parent/guardian will collect the medication from the school or understands that the medication will be destroyed; **and**
- ~~4.~~—Everett Public Schools assumes no responsibility for self-carried medications.

### III. Medication Administration—Supervision and Training

~~Prescribed and non-prescribed m~~Medications may be administered by ~~an~~ **registered nurse** (RN), a licensed practical nurse (LPN), an authorized staff member or self-administered by a student (See [Policy 3409](#), Students with Diabetes and Life-Threatening Allergies).

RNs and LPNs who are school employees may administer medications as permitted by their licensure ([RCW 18.71](#) and [RCW 18.79](#)). Prior to the beginning of the school year, the building principal, in collaboration with the delegating RN, shall designate a minimum of two (2) staff members to administer ~~prescribed and non-prescribed~~ medication. These designated staff members will participate annually in an in-service training session conducted by the delegating RN prior to the beginning of each school year. Those designated staff members shall receive training in the following areas prior to administering medications to students:

- A. Washington state statutes and board policies and procedures governing the administration of medications at school;
- B. Medication administration procedures, including a description of when not to administer a medication;
- C. Procedures to follow in the event of a medication error, including missed or delayed doses;
- D. Required documentation;
- E. When to contact the ~~building~~ RN or Nurse Liaison for Special Services (**delegating RN**); and
- F. Confidentiality issues regarding the administration of medications and student health information.

Upon the designated staff member's successful completion of the medication administration training, the RN is authorized to delegate under their license the task of medication administration by only the medication routes which the designated staff member was trained. This delegation must happen prior to the staff member administering any medication. The ~~building~~ RN or ~~Nurse Liaison for Special Services-delegating RN~~ will evaluate the designated staff member's skill, document the completion of the training (to include every route a medication may be administered), determine the degree of supervision necessary, and implement a plan to provide that supervision and retraining as needed.

#### IV. Registered Nurse Considerations

An RN cannot delegate medical acts requiring substantial skill to volunteers, parents/guardians, or non-school employees during school or school-sponsored events (Refer to: [\*DOH NCQAC Advisory Opinion, Registered Nurse Delegation in School Settings Number NCAO 4.0\*](#)).

Trained staff are responsible to comply with the ~~nursing student's individualized health~~ plan (~~IHP~~), obtain guidance as needed, and report changes to the ~~building~~ RN or ~~Nurse Liaison for Special Services-delegating RN~~. If the trained staff member does not follow the ~~nursing plan IHP~~ or direction, the ~~building~~ RN or ~~Nurse Liaison for Special Services-delegating RN~~ may need to provide further training and supervision. If safety is compromised, delegation may be rescinded.

The ~~building~~ RN or ~~Nurse Liaison for Special Services-delegating RN~~ is responsible for ongoing training and supervision of the designated staff members with appropriate documentation of the entire training process.

#### V. Administration of Medications at School

##### A. Medication Authorization Order Form

~~Prescribed and non-prescribed m~~Medications may be dispensed to students on a scheduled basis once written authorization is received by the RN/LPN from a parent/guardian accompanied by written instructions from a LHCP prescribing within the scope of their prescriptive authority. A completed Medication Authorization Order form signed by the parent/guardian and LHCP must be on file before any medication(s) are accepted.

The Medication Authorization Order form shall only be valid for the current academic school year, including summer school, unless a shorter time period is specified. Although it is preferable to have the medication request on the district's Medication Authorization Order form, if a non-district medication order form is received containing the essential elements of a valid order and the parent/guardian has consented in writing to the district's medication policy, the non-district medication order form can be accepted. Essential elements of a medication order must include:

1. Student name;
2. Medication name and unit dose strength;
3. Medication dosage to be administered;

- a. With delegated medications, the dosage must be finite. Unlicensed personnel cannot make nursing judgments.
  - b. Example, “two to four puffs” from an inhaler is not acceptable, but “four puffs” is, unless the **building** RN clarifies with the prescribing provider under what circumstances two versus four puffs should be administered.
4. Medication route;
  5. Time and/or indications for medication administration;
  6. The valid health reason which makes it advisable that the medication be administered at school;
  7. Side effects to watch for if applicable;
  8. Date;
  9. Signature of parent/guardian; and
  10. Signature of LHCP.

Medication information listed on the MAR must match the information on the Medication Authorization Order form and medication label. If at any time the information does not match, the medication should not be given and the **building** RN or **Nurse Liaison for Special Services-delegating RN** should be contacted immediately for further instructions.

B. Medications **and Treatment** Authorization ~~Order and Emergency Plan~~ for **Students with Life-Threatening Medical Conditions Allergic Reaction Form**

For students diagnosed with a life-threatening condition, a completed Medication Authorization **or Treatment** Order ~~and Emergency Plan for Life-Threatening Allergic Reaction~~ form must be provided to the school prior to the student starting school, preferably fourteen (14) calendar days in advance of the start of school.

If a completed Medication Authorization **or Treatment** Order ~~and Emergency Plan for Life-Threatening Allergic Reaction~~ form has not been provided to the school prior to the student starting school, the student will be excluded from school ([WAC 392-380-045](#)) to the extent that the district can do so consistent with the federal requirements of section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).

C. Accepting, Storing, and Inventory of Medications at School

Parents/guardians shall provide to the school all medications needed for their child. All medication received must be properly labeled (student’s name, medication name and dosage, instructions for administration, expiration date, etc.) and be in the original pharmacy or manufacturer’s container(s), and all medication labels must match the Medication Authorization Order form or the non-district medication order form received directly from the LHCP.

1. No medication will be accepted without the current school year Medication Authorization Order form signed by the LHCP and parent/guardian.
2. Trained staff members accepting medications shall collect and document the medication receipt from the parent/ guardian or designee. Students should not transport medication to school without written authorization from the parent/guardian.

3. Medications ~~will~~ should be stored in ~~a~~ locked, substantially constructed cabinets or drawers, with ~~minimal~~ access limited to only designed staff members.
4. Medication inventory should never exceed a thirty (30) day supply. Medication should be inventoried no less than every thirty (30) days, with controlled substances being inventoried on a weekly basis.
5. Health room staff will maintain a ~~daily~~ MAR on each medication which indicates the time and date the ~~prescribed and non-prescribed~~ medication was administered, as well as the ~~quantity~~ dose administered and quantity remaining.

#### D. Medication Modification

Oral medication should not be altered (i.e., cut, crushed, or sprinkled on food) without an LHCP's order and parent/guardian consent.

#### E. Discontinuance of Administration of Medication

- A school may discontinue the administration of ~~prescribed and non-prescribed~~ medication after providing actual notice orally or in writing in advance of the discontinuance to the student's parent/guardian, so long as this action does not compromise the health of the student.
- A parent/guardian may discontinue non-life saving medication administration at school at any time by notifying the ~~building~~ RN or ~~Nurse Liaison for Special Services~~ nurse liaison by written note, email, telephone call or fax.
- Life-saving medication (such as epinephrine, midazolam, diastat, insulin, and asthma inhaler) must be present at school for any student with the associated life-threatening condition to attend (per [RCW 28A.210.320](#)) and therefore cannot be discontinued without written authorization from the LHCP.

#### F. Student Self-Carry and Self-Administration of Medication

The process for requesting medication to be self-carried and/or self-administered is the same as the process for school staff administered medication. A LHCP and the parent/guardian must complete a Medication Authorization Order form applicable for that medication. Once a LHCP and the student's parent/guardian authorize that a student be permitted to carry their own medication and/or be permitted to self-administer the ~~prescribed~~ medication, the ~~building~~ RN may grant permission. It is strongly advised that the parent/guardian provide a back-up source of medication to be kept in the school's health room.

Before authorizing a student to self-carry and/or self-administer medication at school, the principal and ~~building~~ RN shall take into account the age, developmental level, and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant in the specific case.

Students shall only carry a one (1) day supply of medication at a time, except in the case of multi-dose devices (such as asthma inhalers). Students must never share their medication with another student. Violations of these conditions by the student being permitted to self-carry and/or self-administer their own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.

In the event that safety issues arise, the principal/designee and **building** RN have the right to notify the parent/guardian and discontinue the self-carried medication privilege. The medication will then be kept in the health room and dispensed by staff.

## Sunscreen

Over-the-counter topical sunscreen products may be possessed and **used self-applied** by a students **without a written prescription or a note from a LHCP if the following conditions are met:**

**A. The product is regulated by the US Food and Drug administration as an over-the-counter sunscreen product; and**

**B. If possessed by a student, the product is provided to the student by a parent/guardian.**

~~for personal use without a medical authorization form if the product is provided to the student by their parent/guardian for personal use by the student.~~

Students may carry up to eight (8) ounces at a time, preferably with the container in a plastic bag. Students may not share sunscreen with another student.

Violations of these conditions by the student permitted to carry and/or self-administer ~~his or her~~ **their** own sunscreen products may result in termination of that permission, confiscation of the product, as well as the imposition of discipline when appropriate.

School staff may assist elementary students or students with disabilities in the application of sunscreen products in the presence of another staff member. The staff member will take into account the age and capability of the student, and the need for the application of the sunscreen before assisting students in the application of sunscreen products at school or during school-sponsored events. Staff members are not required to assist students in applying sunscreen.

## G. Medication Dosage Changes

Changes to any existing medication order must be first reviewed by the **building** RN before the medication can be administered. If a medication dosage is changed, but the medication is to be administered before the signed Medication Authorization Order form is received from the LHCP, only a **building** RN/LPN may take a verbal or phone medication order change from the LHCP.

1. The verbal request must be followed by a written, signed order received within three (3) school days.
2. Faxed orders are considered written orders. The RN/LPN must be confident that the fax came from the requesting LHCP.
3. The medication container with the previous label may be used for up to ten (10) school days to give the parent/guardian time to get a bottle with a current order as long as the **building** RN/LPN has a current order and directs the trained staff member how to use the available container with clear instructions so that the correct dose is administered.

## H. Students Not Reporting for or Refusing Medication

When a student does not show up to receive a scheduled medication, the trained staff member will notify the student's teacher and/or administrator to find the student and administer the medication. The trained staff member will also notify the parent/guardian. If the student is absent, the trained staff member will record this on the MAR.

When a student refuses to take a scheduled medication, the trained staff member will notify the **building RN**, ~~Nurse Liaison for Special Services~~ delegating RN, or LPN and parent/guardian immediately. Attempts should be made to encourage the student to take the scheduled medication. The trained staff member should document the student's refusal on the MAR.

## I. End of Year Medication Procedures

Parents/guardians will be notified of the need, and the date to pick up medications prior to the last day of school, as well as the medication disposal process. It is strongly advised that the parent/guardian or designated authorized adult pick up medications from the school. When an undue hardship prevents a parent/guardian or authorized adult from picking up medication, the student may self-transport medications from school if it is deemed appropriate and safe to do so by the **building RN/LPN**, and with written authorization from the parent/guardian.

## J. Medication Disposal

Any medication not picked up on the last day of school will be properly disposed of. Prior to the disposal of any unwanted or left over medication, it should be documented that the medication was counted by two (2) school district staff. This should be documented on the ~~Medication Authorization Order form~~ MAR and retained in the medical records.

Disposing of medication waste will be done annually under the direction of the District Nursing Supervisor.

## K. Medication Errors

The correct medication and prescribed dosage must be administered to the correct student at the correct time, by the correct route, with the correct documentation of the medication administration as requested by the LHCP and parent/guardian. Deviation from this standard is a medication error. A dose missed (omitted) is also to be considered an error. All medication errors must be reported to the **building RN** immediately and documented on the MAR. Medications are considered administered on time as long as they are administered thirty (30) minutes before or after the prescribed time frame determined by the LHCP and as written on the Medication Authorization Order form.

## L. Disaster Planning for Medications

The **building RN** or ~~Nurse Liaison for Special Services~~ delegating RN should identify students with health conditions for whom missing any medication would pose a serious health risk to the student or others. In these cases, it is the responsibility of the parent/guardian to provide the appropriate completed Medication Authorization Order form and disaster medication in a properly labeled container. Having medications available at school to last for three (3) days after a disaster is "best practice" but not required. Each **building RN** and the ~~Nurse Liaison for Special Services~~ delegating RN needs to consider the student's medical acuity status, as well as the student population when requesting disaster plans and associated medications.

# IN REVISION

**3416P**  
Page 8 of 12

Cross Reference: [Board Policy 3416](#) Medication at School

Adopted: September 1981  
Revised: January 12, 1998  
Revised: February 2002  
Revised: March 2008  
Updated: January 2012  
Revised: June 2014  
Revised: September 2015  
Revised: September 2016  
Revised: December 2016  
Revised: September 2017  
**PROPOSED: October 2018**



## MEDICATION AUTHORIZATION ORDER FORM FOR PRESCRIBED MEDICATION ADMINISTRATION AT SECONDARY SCHOOLS (Grades 6-12)

Student Name:				DOB:	
School:		Student #:		Grade:	
<b>Guidelines for Medications at School</b>					
<p>All medication should be dispensed before or after school hours by the parent/guardian. Medication should be given at school only when absolutely necessary. Whenever possible the parent/guardian and licensed health care provider (LHCP) are urged to design a schedule for giving medication outside of school hours. <del>A parent/guardian may administer prescription and non-prescribed medication to their child at school.</del></p> <p><b>Medication is defined as any medication prescribed or non-prescribed; including over-the-counter items (OTC), vitamins, homeopathic remedies, creams, and/or oils.</b></p> <p>If a student <i>must</i> receive prescribed medications during school hours or when the student is under the supervision of school officials, the following procedures must be followed. <u>Prescribed or non-prescribed (OTC) medication may be dispensed to students on a scheduled basis once a completed Medication Authorization Order Form, signed by a LHCP and parent/guardian is on file. The request is valid for the current academic school year, including summer school, unless a shorter time period is specified. The medication, supplied by the parent/guardian must be in the original, properly labeled container to include any over the counter medication and samples. 1) only a staff member designated by the principal who has been trained by the RN and successfully completed the medication administration training can administer prescribed medication; 2) the medication to be given at school must have a completed Medication Authorization Order form, signed by a LHP and the parent/guardian; and 3) the medication must be in the original, properly labeled container.</u> Everett Public Schools accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHCP order. Reference district <a href="#">Policy 3416</a>.</p>					
<b>MEDICATION ORDER</b>					
To be completed by the LHCP					
<b>Diagnosis</b>	<b>Medication</b>	<b>Dosage</b>	<b>Route</b>	<b>Time/Interval/ Condition/Symptom</b>	<b>Self-carry Select One</b>
					<b>Yes* / No</b>
					<b>Yes* / No</b>
					<b>Yes* / No</b>
<p>*Marking "yes" indicates that the LHCP has provided instruction in the purpose and appropriate method/frequency of use, and <del>that</del> the student is capable and safe to self-carry and administer <b>prescribed medications</b>.</p>					
<b>LHP SIGNATURE/ INFORMATION</b>					
<p>I request and authorize that the above-named student receive the above-identified medication(s) in accordance with the instructions indicated, beginning with the ____ day of _____, 20____ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours.</p>					
LHCP Signature:					Date:
LHCP Printed Name:		LHCP Phone:		LHCP Fax:	
<b>THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN</b>					
<ul style="list-style-type: none"> <li>Due to unforeseen circumstances, I understand a dose may be delayed or missed.</li> <li>All medications must be in their original, properly labeled container with instructions matching the Medication Authorization Order form.</li> <li>When notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.</li> <li>Everett Public Schools assumes no responsibility for self-carried medications.</li> <li>My signature below indicates that I have read and understand and will abide by <u>the</u> district <b>medication</b> <a href="#">Policy 3416</a>.</li> </ul>					
➤ Parent/Guardian Printed Name and Signature:					Date:
Home Phone #:		Work #:		Mobile #:	

# IN REVISION

<p>➤ Student Signature: Only if authorized to self-carry</p>	<p>Date:</p>
--	--------------

District RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted: September 2016  
**PROPOSED: November 2018**

# DELETE FORM

**3416P**  
Page 10 of 12

**MEDICATION AUTHORIZATION ORDER FORM  
FOR PRESCRIBED/NON-PRESCRIBED MEDICATION ADMINISTRATION AT  
ELEMENTARY SCHOOL (Grades P-5)**

Student Name:				DOB:		
School:		Student #:		Grade:		
<b>Guidelines for Medications at School</b>						
<p>All medication should be dispensed before or after school hours by the parent/guardian. Medication should be given at school only when absolutely necessary. Whenever possible the parent/guardian and licensed healthcare provider (LHP) are urged to design a schedule for giving medication outside of school hours. A parent/guardian may administer prescribed and/or non-prescribed medication to their child at school.</p> <p>If a student <b>must</b> receive prescribed and/or non-prescribed medications during school hours or when the student is under the supervision of school officials, the following procedures must be followed: 1) only a staff member designated by the principal who has been trained by the Building RN and successfully completed the medication administration training can administer prescribed and/or non-prescribed medication; 2) the medication to be given at school must have a completed Medication Authorization Order form, signed by a LHP and the parent/guardian; and 3) the medication must be in the original, properly labeled container. Everett Public Schools accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHP order. Reference district <a href="#">Policy 3416</a>.</p>						
<b>MEDICATION ORDER</b>						
<b>To be completed by the LHP</b>						
Diagnosis	Medication	Dosage	Route	Time/Interval/ Condition/Symptom	Self-carry Select One	Side Effects
					Yes* / No	
					Yes* / No	
					Yes* / No	
<p>*Marking "yes" indicates that the LHP has provided instruction in the purpose and appropriate method/frequency of use, and that the student is capable and safe to self-carry and administer.</p>						
<b>LHP SIGNATURE/ INFORMATION</b>						
<p>I request and authorize that the above named student receive the above identified medication(s) in accordance with the instructions indicated, beginning with the _____ day of _____, 20____ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours.</p>						
LHP Signature:					Date:	
LHP Printed Name:		LHP Phone:		LHP Fax:		
<b>THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN</b>						
<ul style="list-style-type: none"> <li>• Due to unforeseen circumstances, I understand a dose may be delayed or missed.</li> <li>• All medications must be in their original, properly labeled container with instructions matching the Medication Authorization Order form.</li> <li>• When notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.</li> <li>• Everett Public Schools assumes no responsibility for self-carried medications.</li> <li>• My signature below indicates that I have read and understand and will abide by district <a href="#">Policy 3416</a>.</li> </ul>						
Parent/Guardian Signature:					Date:	
Parent/Guardian Printed Name:		Home/Mobile #:		Work #:		
Student Signature: Only if authorized to self-carry					Date:	

District RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted: September 2016

## MEDICATION AUTHORIZATION ORDER FOR LIFE-THREATENING ALLERGY

Student Name:		DOB:	
School:		Grade:	
<b>THIS PORTION TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER (LHCP)</b>			
<b>Life-threatening Severe Allergy to:</b>			
<b>Asthma</b> <input type="checkbox"/> Yes (High risk for severe reaction) <input type="checkbox"/> No			
<b>For the Following Symptoms</b>		<b>Give the Following Medications</b>	
		If multiple medications are selected, Epinephrine will always be give first.	
<b>Mouth:</b>	Itching, tingling, or mild swelling of lips	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Skin:</b>	Mild hives, itchy rash	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Skin:</b>	Severe hives, swelling of face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Gut:</b>	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Throat:</b>	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Lungs:</b>	Short of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Heart:</b>	Thready pulse, low blood pressure, fainting, pale	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>Other:</b>		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchodilator
<b>MEDICATION/DOSES</b>			
<b>Epinephrine:</b> <i>Inject intramuscularly into upper outer thigh by trained staff members</i> <input type="checkbox"/> Epinephrine 1:1000 USP (0.15 mg) <input type="checkbox"/> Epinephrine 1:1000 USP (0.3 mg) <input type="checkbox"/> A second Epinephrine dose may be given $\geq$ _____ minutes or more if symptoms persist or reoccur.			
<b>Antihistamine:</b> <i>Give 1 time orally if student is able to swallow safely.</i> <input type="checkbox"/> Benadryl/Diphenhydramine _____ mg <input type="checkbox"/> Other: _____ mg			
<b>Bronchodilator:</b> <i>Inhaler dosing for severe allergic reactions only. Additional dosing requires a separate order.</i> <input type="checkbox"/> Albuterol Oral Inhaler _____ puffs by mouth <input type="checkbox"/> Other: _____ <i>Inhale _____ puffs orally once. May repeat every _____ minutes _____ times if symptoms persist.</i>			
<b>LEVEL OF SELF CARE</b>			
<input type="checkbox"/> Student <b>MAY</b> self-carry medication at all times during the school day. They have been instructed on the proper indicated administration technique, dosage, and universal precautions for this medication. <input type="checkbox"/> Student <b>MAY NOT</b> self-carry medication, it will be stored in the health room. Student signature: _____			
<b>LHCP SIGNATURE/INFORMATION</b>			
I request and authorize that the above-named student receive the above-identified medication(s) in accordance with the instructions indicated, beginning with the ____ day of _____, 20____ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours.			
LHCP Signature:		LHCP Printed Name:	
LHCP Phone:		LHCP Fax:	Date:
<b>THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN</b>			
<ul style="list-style-type: none"> <li>I request this medication to be given as ordered by the LHCP.</li> <li>I understand that 911 will always be called if the Epinephrine is used at school.</li> <li>My signature indicates my understanding that reasonable care will be exercised in administration of the medication. The school accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHCP's directions and I have read and understand and will abide by Board Policy 3416.</li> </ul>			
Parent/Guardian Signature:		Date:	
Home Phone #:	Work #:	Mobile #:	

# DELETE FORM

**3416P**  
Page 12 of 12

**SELF-CARRY/SELF-ADMINISTER NON-PRESCRIBED MEDICATION  
AUTHORIZATION ORDER FORM FOR MEDICATION ADMINISTRATION  
AT SECONDARY SCHOOLS (Grades 6-12)**

Student Name:		DOB:
School:	Student ID #:	Grade:
<b>School Guidelines for Self-Carry/Self-Administer Non-Prescribed Medications at Secondary Schools</b>		
<p>All medication should be dispensed before and/or after school hours by the parent/guardian. Medication should be given at school only when absolutely necessary. Whenever possible the parent/guardian and licensed healthcare provider (LHP) are urged to design a schedule for giving medication outside of school hours.</p> <p>If a student must receive non-prescribed medications during school hours or when the student is under the supervision of school officials, a completed Self-Carry/Self-Administer Non-Prescribed Medication Authorization Order form signed by the parent/guardian must be on file. The Self-Carry/Self-Administer Non-Prescribed Medication Authorization Order form is valid for the current academic school year, including summer school, unless a shorter time period is specified. The medication, supplied by the parent/guardian must be in the original, properly labeled container and must never be shared with another student. The student should never self-carry more than a one-day supply of medication except for in the case of multi-dose vials. Everett Public Schools accepts no responsibility for adverse reactions from medications that are self-carried and/or self-administered. Reference district <a href="#">Policy 3416</a>.</p>		
<b>MEDICATION INFORMATION</b>		
<b>Medication</b>	<b>Reason Medication Needed</b>	
<b>PARENT/GUARDIAN/STUDENT SIGNATURES</b>		
<ul style="list-style-type: none"> <li>● <del>Everett Public Schools assumes no responsibility for self-carried medications.</del></li> <li>● <del>In the event a safety issue arises, the principal and Building RN have the right to notify the parent/guardian/student and discontinue the self-medication privilege. The medication will then be kept in the health room and dispensed by trained staff.</del></li> <li>● <del>I request and authorize that the above-named student be able to self-carry and self-administer the above-identified medication(s), beginning with the ____ day of _____, 20____ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication necessary during school hours.</del></li> <li>● <del>My signature below indicates that I have read and understand and will abide by district <a href="#">Policy 3416</a>.</del></li> </ul>		
Parent/Guardian Signature:		Date:
Parent/Guardian Printed Name:	Home/Mobile #:	Work #:
Student Signature: <small>Only if authorized to self-carry</small>		Date:

District RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_