



## **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 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**

Medication should be 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 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 medication 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 an RN, and who has successfully completed medication administration training can administer 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 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 the medication policy and procedure shall be provided to the parent/guardian upon request. 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.

Everett Public Schools assumes no responsibility for self-carried medications.

### **Emergency Medications**

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within their prescriptive authority will:

- A. State that the student suffers from a health condition which may result in an emergency;
- B. Identify the drug, the mode of administration, and the dose;
- C. Indicate when the medication will be administered based on anticipated or actual symptoms;
- D. Recommend follow-up after administration, administration of additional medications, transport to hospital; and
- E. Specify how to report to the health professional prescribing within their prescriptive authority and any record keeping recommendations.

### **III. Medication Administration—Supervision and Training**

Medications may be administered by an RN, a licensed practical nurse (LPN), an authorized staff member or self-administered by a student (See [Board Policy 3409](#), Students with Diabetes, Life-Threatening Allergies, Asthma and Seizures).

RNs and LPNs who are school employees may administer medications as permitted by their licensure ([Chapter 18.71 RCW](#) and [Chapter 18.79 RCW](#)). 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 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 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 RN or 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: <https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO15.pdf>).

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

The RN or 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**

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 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 RN or delegating RN should be contacted immediately for further instructions.

**B. Medications and Treatment Authorization for Students with Life-Threatening Medical Conditions**

For students diagnosed with a life-threatening condition, a completed Medication Authorization or Treatment Order 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 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 the medication directly from the parent/guardian or designee and document the medication receipt. Students should not transport medication to and from school (except for medications needed for the treatment of medical emergencies). Collect a medication request and authorization form properly signed by the parent/guardian and by the LHP including instructions from the LHP if the medication is to be administered for more than fifteen (15) consecutive days. All new orders for medication or medication order changes, must be approved by the supervising RN prior to school staff administering the first dose.
3. Count the medication and record the number pills or amount of liquid medication received, with initials and date received, on the medication log. It is preferable to have two (2) people count and initial; counting of controlled substances at least weekly as recommended by the Board of Pharmacy. On weekly medication counts, the nurse must have assistance and a witness to the actual count of the medications.
4. Medications should be stored in locked, substantially constructed cabinets or drawers, with access limited to only designed staff members.
5. 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.
6. Health room staff will maintain a MAR on each medication which indicates the time and date the medication was administered, as well as the dose administered and quantity remaining. If a dose is missed, note the reason, e.g., "absent." This record must be kept for eight (8) years.
7. Medications may not be given after the date specified on the authorization form or expiration date on the label.
8. Report medication errors to the school nurse immediately.

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 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 RN or 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-managed, the ability for the student to self-carry** and/or self-administered **medications** 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~~ **the LHCP has signed the form indicating the student has been instructed on the correct and responsible use of the medication(s)** and the student's parent/guardian **has indicated their request authorize** that a student be permitted to **self-manage their medication(s), the student's medication self-management must also be assessed by the school RN. carry their own medication and/or be permitted to self-administer the medication, the 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.

**Prior to granting permission for the student to self-manage their medication(s) at school, the RN must assess and document that the student has demonstrated the skill level necessary to self-manage their medication, including how to use the medication and any device necessary to administer it as prescribed. Additionally, when making the decision to grant permission for the student to self-manage their medication(s), the student's** ~~Before authorizing a student to self-carry and/or self-administer medication at school, the principal and 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 **will be taken into consideration.**

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 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 self-applied by 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.

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 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 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 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 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 RN, 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 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 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 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 RN or 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 RN and the delegating RN needs to consider the student’s medical acuity status, as well as the student population when requesting disaster plans and associated medications.

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  
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Revised: January 2019  
Updated: January 2020  
Revised: February 2022  
Updated: March 2022  
**PROPOSED: March 2023**



## MEDICATION AUTHORIZATION ORDER FORM

Student Name:					DOB:	
School:			Student #:		Grade:	
<b>GUIDELINES FOR MEDICATION 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. Medication is defined as any medication prescribed or non-prescribed; including over-the-counter items (OTC), vitamins, homeopathic remedies, creams, and/or oils.</p> <p>If a student <b>must</b> receive prescribed <b>medications</b> during school hours or when the student is under the supervision of school officials, the following procedures must be followed. 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. 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 – TO BE COMPLETED BY LHCP</b>						
<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>Side Effects</b>
					Yes* / No	
					Yes* / No	
					Yes* / No	
<b>Quick Relief Inhaler Medication Orders: Inhaler Medication:</b> _____ • Inhale _____ puffs by mouth every _____ hours. May repeat dose _____ times. • If symptoms persist, repeat dose after _____ minutes. May repeat dose _____ times. • May also inhale _____ puffs _____ minutes prior to physical activity as needed.					Yes* / No	
<small>*Marking "yes" indicates that the LHCP has provided instruction in the purpose and appropriate method/frequency of use, and the student is capable and safe to self-carry and administer prescribed medications.</small>						
<b>LHP SIGNATURE/ INFORMATION</b>						
I <b>have prescribed and</b> request <del>and authorize that</del> the above-named student receive the above-identified medication(s) <b>for use during school hours and school sponsored events and have instructed the student in the correct and responsible use of the medication(s) per <a href="#">RCW 28A.210.370</a> in accordance with the instructions indicated,</b> beginning with the _____ day of _____, 20____ (not to exceed the current school year). <del>There exists a valid health reason, which makes administration of the medication advisable during school hours.</del>						
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 <b>form</b>.</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 the district medication <a href="#">Policy 3416</a>.</li> </ul>						

LEVEL OF SELF CARE	
<input type="checkbox"/> <b>YES*</b> , student <b>MAY</b> always self-carry and self-administer medication(s) during the school day.	
<input type="checkbox"/> <b>YES*</b> , student <b>MAY</b> always self-carry medication(s), but <b>MAY NOT</b> self-administer medication(s).	
<input type="checkbox"/> <b>NO</b> , student <b>MAY NOT</b> self-carry medication(s), it will be stored in the health room.	
<i>*Marking "yes" indicates that student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying of medication(s) and that student/parent/guardian understand the responsibilities of self-carrying at school</i>	
➤ Parent/Guardian Printed Name and Signature:	Date:
➤ Student Signature: Only if authorized to self-carry	Date:

<b>Internal use only:</b> -Student has demonstrated the skill level necessary to use medication(s) or device as prescribed above and is authorized to self-carry medication(s) at school: <input type="checkbox"/> YES <input type="checkbox"/> NO -Student may self-manage medication(s): <input type="checkbox"/> YES <input type="checkbox"/> NO  District RN Signature: _____ Date: _____	
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## MEDICATION AUTHORIZATION ORDER FOR LIFE-THREATENING ALLERGY

Student name:		DOB:	
School:		Grade:	
<b>THIS PORTION TO BE COMPLETED BY LHCP</b>			
<b>LIFE-THREATENING ALLERGY TO:</b>			
Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Allergies:	
<b>SIGNS OF ANAPHYLAXIS (severe allergic reaction)</b>			
<b>MOUTH</b>	Itching, tingling, or swelling of the lips, tongue, or mouth	<b>LUNG</b>	Shortness of breath, repetitive coughing, and/or wheezing
<b>SKIN</b>	Hives, itchy rash, and/or swelling about the face or extremities	<b>HEART</b>	“Thready” pulse, “passing out,” fainting, blueness, pale
<b>THROAT</b>	Sense of tightness in the throat, hoarseness, and hacking cough	<b>GENERAL</b>	Panic, sudden fatigue, chills, fear of impending doom
<b>GUT</b>	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea	<b>OTHER</b>	Some students may experience symptoms other than those listed above
<b>EMERGENCY PLAN</b>			
<p style="text-align: center;"><b>If student has any of the above symptoms or suspected exposure to above allergen(s):</b></p> <ol style="list-style-type: none"> <li>1. Inject Epinephrine <input type="checkbox"/> 0.3 mg   <input type="checkbox"/> 0.15 mg into outer thigh muscle.</li> <li>2. Call 911 – Advise Emergency Services that Epinephrine has been given for a severe allergic reaction.</li> <li>3. After Epinephrine, give medication(s) listed below (<i>only give if safe to swallow</i>): <ul style="list-style-type: none"> <li><input type="checkbox"/> Antihistamine: Give _____ mg of _____ by mouth one time.</li> <li><input type="checkbox"/> Bronchodilator: Inhale _____ puffs of _____ MDI. <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Repeat every _____ minutes if symptoms persist/reoccur.</li> </ul> </li> </ul> </li> <li>4. Repeat Epinephrine dose in _____ minutes if EMS has not arrived or symptoms persist/reoccur.</li> </ol>			
<b>LHCP SIGNATURE/INFORMATION</b>			
<p><b><u>I have prescribed and request and authorize that the above-named student receive the above-identified medication(s) for use during school hours and school sponsored events and have instructed the student in the correct and responsible use of the medication(s) per RCW 28A.210.370 in accordance with the instructions indicated, beginning with the _____ day of _____, 20____ (not to exceed the current school year). <del>There exists a valid health reason, which makes administration of the medication advisable during school hours.</del></u></b></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 <b>form</b>.</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 the district medication <a href="#">Policy 3416</a>.</li> </ul>			
<b>LEVEL OF SELF CARE</b>			
<input type="checkbox"/> <b>YES*</b> , student <b>MAY</b> always self-carry and self-administer medication(s) during the school day. <input type="checkbox"/> <b>YES*</b> , student <b>MAY</b> always self-carry medication(s), but <b>MAY NOT</b> self-administer medication(s). <input type="checkbox"/> <b>NO</b> , student <b>MAY NOT</b> self-carry medication(s), it will be stored in the health room. <p><small><i>*Marking “yes” indicates that student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying of medication(s) and that student/parent/guardian understand the responsibilities of self-carrying at school</i></small></p>			

➤ Parent/Guardian Printed Name and Signature:	Date:
➤ Student Signature: Only if authorized to self-carry	Date:

<p><b><u>Internal use only:</u></b></p> <p><u>-Student has demonstrated the skill level necessary to use medication(s) or device as prescribed above and is authorized to self-carry medication(s) at school:   <input type="checkbox"/> YES   <input type="checkbox"/> NO</u></p> <p><u>-Student may self-manage medication(s): <input type="checkbox"/> YES   <input type="checkbox"/> NO</u></p> <p>District RN Signature: _____ Date: _____</p>
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Adopted: September 2016  
Revised: January 2019

Revised: February 2022  
**PROPOSED: March 2023**