



**Yakima School District No. 7
Parent Request for District Assistance in Administering Approved Medication to a Student**

I request the assistance of Yakima School District No. 7 in giving medication to _____ according to the directions of the below-listed licensed health professional prescribing within the scope of their prescriptive authority.

The medication shall be delivered to the school district in a prescription bottle or original over-the-counter container labeled with the name of the medicine, the time it is to be given, and the dosage. I will be responsible for notifying the District with written orders from the licensed health professional when the medication is to be changed or discontinued.

I understand that the medication will be administered to _____ by designated district personnel who are not medically trained. Further, the administration of the medication(s) may be delayed or missed due to unforeseen circumstances. I agree to hold harmless the school district and its employees from any and all liability as a result of the administration of the medication or the manner in which it is administered.

I give permission for the following medication information to be shared with school staff on a need-to-know basis.

Parent/Guardian Signature _____ Date _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Statement of the licensed Health Professional prescribing within the scope of their prescriptive authority, certifying the necessity of administering a prescribed or over-the-counter medication to a student during the regular school day.

Student: _____ Diagnosis: _____

Medication: (common brand /generic name) _____

Dosage per unit: _____ Time(s): _____

Possible side effects: _____

Action required of school personnel if a reaction to medicine occurs: _____

Duration of the medication without a subsequent order (*NOT TO EXCEED ONE SCHOOL YEAR*). _____

Storage (check one):

- Can carry and self-administer _____
Self-administration okay by Principal _____ Date _____
- To be kept in office _____
Self-administration okay by School Nurse _____ Date _____

I hereby certify it is essential that the above prescribed medication be administered during the course of the regular school day and cannot be administered solely at the student's home. The medication may be administered by non-licensed school personnel following the instructions provided. I understand that if the student fails to arrive at the above requested administration time, the medication may be administered **up to/but not more than one hour** after the requested time.

Licensed Health Professional's Name: _____ Telephone _____

Licensed Health Professional's Signature _____ Date _____

Address _____ City _____ State _____ ZIP _____

**YAKIMA SCHOOL DISTRICT MEDICATION POLICY
PRESCRIPTION AND COMMERCIAL MEDICATION**

Parents have the primary responsibility for the administration of medication to their child. The district recognizes that to offer educational opportunities to all school-aged children regardless of handicapping conditions or valid health reasons, it is sometimes necessary to provide some means for children to receive medication during the school day; see policy and procedure 3416. In no manner will the district approve or engage in any medication program that could or would be appropriately administered at home.

The superintendent or the superintendent's designee shall designate school personnel who are authorized to administer oral medication. Oral medication may include pills, capsules, liquid medication and inhalers. Also addressed in this policy is the administration of non-oral medications such as prescribed eye drops, intranasal medications, and topical ointments. Prior to the administration of any oral medication, the designated school personnel shall require the following:

1. A written, current and unexpired request from a parent/legal guardian or other person having legal control over the student, to administer medication to the student, along with written instructions for the administration of the medicine (form 3416.1X);
2. A written, current and unexpired request from a licensed health professional prescribing within the scope of their prescriptive authority for the administration of the medication, which includes a valid health reason which makes the administration of the medication required during the hours when school is in session, or the hours during which the student is under the supervision of school officials; along with instructions for administration of the medicine (form 3416.1X);
3. Identification of the medicine, along with any special instructions as to safeguarding or storage of the medicine (3416.1X);

School district personnel shall enter into a record-keeping log the date and time of administration and identification of person administering the medication. School district personnel shall not administer any medication calling for the injection of the medicine into the student, except in cases of medical emergencies.

In cases where parents would like a student to carry and self-administer medication, the principal and nurse shall take into consideration the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer; and other issues relevant in the specific case before authorizing a student to carry and/or self administer medication at school.

The administration of medication may be discontinued at any time by the designated school personnel, provided actual notice has been given, either orally or written, to the parent(s)/guardian(s) in advance of the discontinuance, with reason(s) given for the discontinuance.

Requests for administration of medication shall not continue beyond one (1) school year without first obtaining a new written request for medication as set forth above. Ongoing dispensing of medication from year to year requires a new form 3416.1X to be provided by the parent(s)/guardian(s) at the beginning of each school year.

A school nurse is available to train and supervise personnel in the proper medication procedures.