



## MEDICATION AT SCHOOL

### Health Care Provider's Orders (to be completed by Health Care Provider)

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of school hours. Medication is ordered to be given to a student at school only when necessary. Medication unless otherwise directed will be kept in a designated secure area and administered by the school nurse or trained school personnel.

Name of patient:	DOB:
Diagnosis for which medication is given: <b>Insulin Dependent Diabetes</b>	

**Student needs insulin while at school**    Yes    No

If Yes : check method(s) of administration <input type="checkbox"/> Pen <input type="checkbox"/> Syringe <input type="checkbox"/> Other _____	Type of insulin: Time of day to be given: Sliding Scale instructions for high blood sugar:
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Totally independent (self-treats mild hypoglycemia, monitors own food intake, test and interprets results) <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by the School Nurse _____
Length of time this authorization is valid:	

Date:	Health Care Provider Signature:
Health Care Provider name (print or type)	
Phone	Fax

### Parent Permission (to be completed by parent or guardian)

I request that my child be allowed to take medication as described above. If my child is deemed totally independent in diabetic care by my health care provider and school nurse, my child may carry and use insulin and glucometer. If my child needs assistance with diabetic care, insulin and possibly the glucometer must be **BROUGHT TO SCHOOL BY AN ADULT**. I understand that my signature indicates my understanding that the school accepts no liability for untoward reaction when the medication is administered in accordance with the physician's directions. This authorization is good for the current school year only. Any change in medication or dose or time must be handled as a new medication, and a new form completed by both parent and health care provider. In case of necessity, the school district may discontinue administration of the medication with proper advance notice. I am the parent or the legal guardian of the child named.

I agree to bring in new orders and review the plan with the school nurse prior to my child's attendance each year. I will provide new health care provider orders if there are any changes. Also, I will provide the following supplies as needed throughout the school year.

- 1) Blood glucose meter with strips, lancet device with lancets
- 2) Quick acting sugar, i.e. juice or glucose tabs
- 3) Carbohydrate/protein snack, i.e., peanut butter or cheese and crackers

Date \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

Parent phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

# Authorization for Mutual Exchange of Confidential Information

Student:	Birthdate:	School:
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As parent/guardian of the above-named student I authorize the mutual exchange of confidential information between Kennewick School District and the following, agencies or individual health care providers.

Agency/H.C. Provider	Address	Phone	Fax
Agency/H.C. Provider	Address	Phone	Fax

Parent/guardian signature	Date	Student signature (as desired)	Date
Adult witness to signature	Date		

Comments:

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent or received by public schools may not be shared with any other party without the written consent of the parent/guardian, or the student (if 18 years or older and not under legal guardianship) This release may be retracted at any time, in writing, by parent/guardian or student. This authorization can be in effect for no longer than 90 days after it is signed.

Please send all confidential information to:

Name/Position	Address	Phone	Fax

## MEDICATION AT SCHOOL RULES

- Under normal circumstances prescribed **oral** medication and **oral** over-the-counter medication should be dispensed before and/or after school hours under supervision of the parent / guardian.
- Medications will only be dispensed at school when failure to receive the medication may result in the student being unable to attend school or to be well enough to participate in learning activities.
- If a student must receive prescribed or over-the-counter **oral** medication during school hours, the parent must submit a Medication at School form completed and signed by both the parent and a licensed health care provider.
- Only the amount of medication needed during school hours for the course of the illness/condition is to be sent to school, not to exceed a one month's supply.
- Medications that must be given in half-pill doses must be cut by the pharmacy or the parent. The school will not cut pills.
- When the duration of a medication is complete or out of date, or at the end of the school year, the parent must pick up any unused portions of the medication. Unclaimed medications will be discarded