

VILLA ACADEMY

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AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION* AT SCHOOL

* Including all over the counter drugs, such as ibuprofen and cough drops.

Student Name: _____ Birth Date: _____

School: Villa Academy Grade: _____

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)
PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY**

Name of Medication	Dosage	Method of Administration	Time of day to Be taken
_____	_____	_____	_____

Please complete a separate form for each medication.

Diagnosis or reason for medication: _____

If given PRN, specify length of time between dosages: _____

* **Epi Pens/ Inhalers:** _____

Indicate if student will carry on his/her person

Student is capable of self-administration of epi pen/inhaler.: Yes No

Possible side effects of medication: _____

Emergency procedure in case of serious side effect: _____

I authorize the above named student be administered the above indicated medication in accordance with the instructions indicated above from _____ (date) to _____, (date), not to exceed current school year, as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Health Professional Signature

Date of Signature

Name (print or type)

Telephone Number

***Please note: All medication must be labeled with the student name, dosage and time to be given. All medication is stored in a locked cabinet in the school's Health Room. Students are not to carry medication (even cough drops) unless it is a "rescue" medication and the student has permission.**

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request and authorize the school to administer medication to the above identified student in accordance with the LHP's instructions for the period from _____ (date) to _____ (date), not to exceed current school year. I understand that every effort will be made by the school staff to administer the medication in a timely manner.

Signature of Parent/Guardian

Date of Signature

Telephone Number: Home

Telephone Number: Work or Cell

Excerpt from the Villa Academy Family Handbook

Medications

If a student needs to take medication during school hours, the following procedures will apply:

- ♦ An Authorization for Administration of Oral Medication at School form must be completed and signed by the parent and a licensed health professional prescribing within his/her prescriptive authority, for administration of all medication, including all over-the-counter medications. There must exist a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials.
- ♦ Prescription drugs authorized for less than 15 days also require the signature of both the physician and the parent/guardian on the Authorization for Administration of Oral Medication at School. A pharmacy label does not satisfy the requirement for a licensed health professional's signature. (Updated June 25, 2007)
- ♦ Students who require medication for more than fifteen consecutive days must have on file written, current and unexpired instructions from a licensed health professional prescribing within the scope of his or her prescriptive authority regarding the administration of the prescribed medication.
- ♦ The Authorization for Administration of Oral Medication at School form must be completed and signed at the start of each school year, even if there is no change from the previous year in the medication or instructions. All documentation must be complete - NO exceptions will be made.
- ♦ These forms are available on the Villa web site and may be obtained in the Main Office. PRN or "as needed" medication authorizations will not be accepted for Preschool students or at VillaCare.
- ♦ All medicine (this includes prescription medication as well as over-the-counter medications taken for colds, etc.) must be in the original pharmaceutical containers, and kept in the Health Room in a locked cabinet. All medication submitted to the school must be up-to-date. Expired medication cannot be administered at school.
- ♦ A student will be allowed to administer his or her own inhaler or Epi pen when the regular requirements are met AND the written statement on the medication form is completed by the child's health care provider, indicating the child is capable of self-medication without assistance. **The student will need to report any self-administration to the Health Room staff for documentation.**
- ♦ The Main Office staff must administer all medications, over-the-counter, and/or prescriptions.
- ♦ Parents are advised to inform the dispensing pharmacy if the child needs medication at home and at school. The pharmacy can divide the medication into two containers. If you need medication to go home at the end of the day, the parent must report to the Health Room for the medication. Prescription medication will not be sent home with a child.
- ♦ Any student who takes medication at home and would be compromised by missing 1-3 days of medication, should have a three-day supply of these meds supplied to the school, in the event of a natural disaster or emergency situation. An Authorization for Administration of Oral Medication at School form must be completed, signed by the parent and physician, and returned to the Health Room, for our disaster plans to be complete. Please place medication and authorization forms in a ziplock bag labeled with your child's name and "Disaster Meds."