St Rose of Lima Catholic School
520 Nat Washington Way Ephrata, WA 98823 Office: (509) 754-4901 Fax: (509) 754-9274 Email: info@saintroseschool.org

MEDICATION AT SCHOOL

If your child needs to receive medication during school hours, state laws must be met before the medication may be used at school. This St. Rose of Lima Catholic School policy is in place to meet Washington State law and for your child's health and safety.

- All medication, including over-the-counter products, must have doctor's orders in place. The orders must include the medical provider's signature and the parent/guardian signature. These orders are good for one school year only.
- The medication must be in the original container or prescription bottle labeled with instructions on how to take the medicine at school. You may request a bottle from your pharmacist labeled for school administration only.
- Medicine must be transported to and from the school by the parent or other adult and checked-in at the school office.
- On early dismissal days medication will be administered if the recommended dose falls within the scheduled school hours.
- For the student to carry their emergency medication, such as asthma inhalers or epinephrine auto-injectors, the health care provider, the parent, and the school nurse must all agree the child is capable of self-administration. The medication must be kept in the labeled, original container. The doctor's orders must already be on-file in the school office.
- Epinephrine Auto-Injectors which do not require drawing up dosages are the only type of emergency anaphylactic medication the school will accept. We encourage you to have two: one for the student to carry, if age appropriate, and one to leave at school.
- Any extra medications at the end of the year will be kept at the office for you to pick up. If the medication is not picked up within 10 days after school is dismissed, the medications will be destroyed.
- Pills are to be cut in half by the pharmacist or parent, not by school employees or your child.

Thank you for your cooperation in following these rules to ensure safe medication administration for your child at school.

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AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: _____ Date of Birth:_____ Grade:_____

THIS PORTION IS TO BE COMPLETED BY ADMINISTERED PHYSICIAN/ DENTIST

Name of Medication	Dosage	Methods of Administration	Time of Day	Time Interval
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Possible side effects of medications _____

Emergency procedure in case of serious side effects_____

****911 will be called in the event epi-pen has been administered****

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

_____ _____ _____

Date Name of physician Physician/ Dentist signature

Physician/Dentist office address: _____

Physician Phone Number: _____

Please note: All medications must be In original container & labeled with the name of the student, dosage, and time of administration.

THIS PORTION TO BE COMPLETED BY THE PARENT/ GAURDIAN

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

_____ _____

Date Parent/ Guardian Signature

_____ _____

Home/Cell number Work phone number