



Oak Harbor Public Schools
350 S. Oak Harbor Street, Oak Harbor, WA 98277
Phone: 360.279.5000 Fax: 360.279.5070 www.ohsd.net

Medication at School

Oak Harbor Public Schools is authorized by Chapter 195, laws of 1982, to administer medication to students during school hours. It is the district's policy that such medication will only be administered when failure to receive the medication could result in the student being unable to attend school. **With the exception of sunscreen, "medication" refers to any product used for a health-related reason, whether prescription or over-the-counter; this includes products like cough drops, antacids, ointments, and other remedies.**

If you wish to have your child receive medication during school hours or your Licensed Health Professional (LHP) deems it necessary that your child receives medication at school, please have your LHP complete the medication order portion of the form on page 2, and you (the parent or guardian) complete the parent portion on page 2.

This request will be valid only for the medication listed and the dates indicated in writing on the request form. Your request will NOT be valid for any period past the end of the current school year. **If you wish your child to continue to receive medication during school hours in a subsequent year, you must submit a new medication form.** The district may decide to discontinue administration of the medication. If this happens, you will be notified before administration is halted.

You must supply the medication in the original packaging, and the medication order must match the information on the product/prescription label. The district will keep and store no more than a 20 day supply of medication at any one time. The medication label must indicate the student's name, LHP name, the medication name and dosage, and schedule for administration.

All medications must be brought to school by the parent/guardian. Please do not send any medication to school with your child.

Find more detailed information about our medication policies at www.OHSD.net under "Families"-> "Health Services". You will find contact information for each of the district school nurses in addition to other helpful links.



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: _____ Birthdate: _____

School: _____ Grade/Teacher _____

THIS SECTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

| <u>Name of Medication</u> | <u>Dosage/Method of Administration</u> | <u>Schedule (i.e., @lunch, PRN, etc)</u> |
|---------------------------|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If given PRN, specify the length of time between doses: _____

Diagnosis or reason for medication: _____

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize the above-named student be administered the above identified medication in accordance with the instructions indicated above **from** (date: mm/dd/year) _____ **to** (date: mm/dd/year) _____ (not to exceed current school year) as there exists a valid health reason, making administration of the medication advisable during school hours.

Date of Signature

Licensed Health Professional Signature

Office Phone

Name (print or type)

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission for the school to administer medication to the above-named student in accordance with the LHP's instructions. I understand that every effort will be made by school staff to administer the medication in a timely manner. The medication must be furnished to the school in accordance with district policy outlined on the reverse side of this form.

Date

Parent Signature

Daytime Phone

Order reviewed by: _____ RN, School Nurse