

# Medication Requirement Check List

STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Student safety is our number one priority so please COMPLETE checklist below. Emergency medication must be brought to school before the student can attend school. If emergency medication is not received by the \*first day of school, the principal will call you asking you to take your child home until the required forms are provided. **If your child has a life threatening health condition, (life threatening allergy, asthma, diabetes, seizure disorder or cardiac condition.) Emergency medication, Authorization to Administer Medication forms and an Individual Health Plan are required to be at school before your child can start school.**

Medication must be brought to the school by a parent/guardian, as students are not allowed to bring medication to school. Pills that need to be given in 1/2 tablet doses, must be split by the parent before they are delivered to the school because school personnel are not allowed to split tablets.

☐ **Authorization to Administer Medication Form**

Signed and dated by a licensed healthcare provider and parent.

This form is required for ALL medications: prescription, over-the-counter and self-carry.

Each medication requires a separate form. All forms must be dated AFTER the last day of school.

☐ **Prescription Medications**

Medication must be in the properly labeled pharmacy container. The pharmacy label MUST MATCH the healthcare provider's order exactly: student name, name of medication, medication strength, dosage, and time the medication is to be administered.

☐ **Over-the-Counter Medications**

Over-the-counter medications (Tylenol, Advil, Benadryl, etc.) must have the student's name written on the container in bold marker. The healthcare provider's order MUST MATCH the medication exactly. Example: liquid vs. tablet, correct mg. per tablet.

☐ **Medication Expiration Date(s):** \_\_\_\_\_

☐ **Individual Health Plan**

An Individual Health Plan (IHP) is required if your child has a life-threatening medical condition. Complete, sign, date and return to school. Forms are located at school or accessed from <http://www.lwsd.org/Parents/Students-Health/Pages/Students-Health-Forms.aspx>

Please bring this form, the Medication Authorization form, the medication and Individual Health Plan to school in a 1-gallon clear Zip Lock bag. Write student's name (Last, First) on the bag in permanent marker.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

\*According to Washington State law, RCW 28A.210.320, the attendance of every child shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school. This includes having a health care plan in place before or on the child's first day of school.