

Dear Parents,

Below are guidelines for medications needed during overnight school trips. **Please note that all forms and medications that are not self-carry approved are to be dropped off with the school nurse two weeks before the trip.**

If your student has an emergency medication: EPIPEN/Inhaler:

- If a LWSD Medication Administration Authorization Form for the current school year is on file, you will not need to complete a duplicate form.
- Any rescue medications stored in the school health room will sent with the teacher in charge.
- Please contact the school nurse if your student is not approved to self-carry an EPIPEN or Inhaler.

If you are attending as a chaperone:

- You may bring and administer your own student's medication **without** the authorization form.
- You will **not** need to bring the medication to school in advance.

If your student will or might need oral medication during an overnight trip:

- LWSD guidelines can be found at: <http://www.lwsd.org/programs-and-services/health-services/medication-at-school>
- The Authorization to Administer Medication Form must be filled out and signed by the prescribing health care provider and parent. Forms can be found at: <http://www.lwsd.org/programs-and-services/health-services/medication-at-school>
- The Authorization for Medication at School Form is required for all prescribed and over the counter medications/supplements. **No exceptions allowed.**
- Each medication/supplement will require a separate form.
- State laws vary regarding permission for students to self-carry medications. For trips to California students may self-carry any medication with the exception of controlled substances. The teacher will administer controlled substances.

If you have questions regarding health concerns or medications for your student's overnight trip please email me at jlink@lwsd.org or call 425-936-1518.

Thank You,

June Link RN, BSN

Medication Requirement Check List

STUDENT NAME _____ DOB _____ School _____

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 an individual health plan in place before or on the child's first day of school. The principal will call you to take your child home until the required forms and medications are provided.

Medication must be brought to the school by a parent/guardian, not the student. Pills that need to be given in 1/2 tablet doses, must be split by the parent before they are delivered to the school.

Authorization to Administer Medication Form

If your child will require medication at school next year, his/her healthcare provider must complete and sign a district form for each medication. The exact one you need is dependent on the type of medication.

- SEIZURE meds such as diastat, use Seizure Medication Authorization
- ALLERGY meds such as epipen or auvi-q, use Epinephrine Medication Authorization
- ALL other MEDICATIONS will use the Authorization for Medication

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: _____

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.

Please bring this check list, the Medication Authorization form, Individual Health Plan (IHP) and medication to school in a 1-gallon clear Zip Lock bag labeled with student name.

Parent signature _____ Date _____