

Medication Requirement Checklist

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 ½ tablet doses, must be split by the parent before they are delivered to the school.

Medication Administration Authorization at School Form

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

- SEIZURE medication such as diastat, use Seizure Rescue Medication Authorization
- ALLERGY medication such as EpiPen or auvi-q, use Epinephrine Administration Authorization
- ALL other MEDICATIONS will use the Medication Administration Authorization

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.

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 orders **MUST MATCH** the medication exactly. Example: liquid vs. tablet, correct mg. per tablet.

Medication Expiration Date: _____

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

Thanks for your help!
Kindly, Trish Simpson RN

Parent signature _____ Date _____