

TREATMENT AUTHORIZATION FORM

BELLEVUE SCHOOL DISTRICT 2021-2022

Name:		DOB:		Date:	
School:		Grade/Teacher:			

This section to be completed by the HEALTH CARE PROVIDER (please print): (MD, DO, ND, DMD, DC, PA, ARNP or CNM)

NATURE of treatment:	
FREQUENCY or TIME of treatment:	
SPECIFIC equipment required:	
ROUTE, circle one:	Oral / Nasal /Topical/Other: _____
Reason/Diagnosis:	
Side effects:	

SELF CARRY, Health Care Provider please check one **(STAFF HAS BEEN TRAINED TO ASSIST WITH MEDICATION ADMINISTRATION)**

- NO, student MAY NOT self carry.
- YES student may SELF CARRY/ADMINISTER. *Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school **will not** be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.*

Licensed Health Care Provider's signature: _____ <small>Signature authorizes medication for length of school year</small>	Date:		Phone:	
	School year:		Fax:	

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

Parent/Guardian/Student (age 18) signature: _____	Date:	
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Family Responsibility:

- I will keep track of expiration dates for the medication(s)
- I will furnish medication(s) in original container and pick up medication(s) from the school

If the student DOES NOT self-carry, I request an authorized/trained person(s) at **school assist my student** in taking the medicine(s) described below.

If the student has permission to SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION I/my student understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I/my student agrees to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by myself/my student.

Parent/Guardian/Student (age 18) signature: _____	Date:		Phone:	
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In most cases where a student needs treatment/procedures they can occur before and/or after school hours at home. In the event that there exists a valid health reason which requires the involvement of school personnel in the administration of treatment/procedures to a student during school hours, the following procedures shall apply consistent with RCW 28A.210.320, RCW 28A.210.260 and the Washington State Nurse Practice Act.

A prior written request and authorization (over) from the parent/guardian **and** the prescribing licensed health care provider must be on file.

1. Any over-the-counter non-prescription medication or procedure.
2. Written authorization will be effective for the current school year unless a shorter time period is specified by the licensed health care provider.

Parent/Guardian responsibilities:

- Complete the ‘parent/guardian’ section of form.
- Have Health Care Provider fill out ‘health care provider’ section of treatment/procedure authorization form.
- Ensure form is *completed* before returning form to school
- Provide appropriate equipment and supplies.
- Track the expiration date for supplies at school and resupply as needed
- **Parents/Guardians please note:** *Your child’s health information, IHP and medication is for use during the school day only. Extended day, childcare, clubs, before & after school, evening, and summer activities do not have access to this IHP or medication kept in the Health Room.*

School responsibilities:

- Persons who administer medical treatments include School Nurses and any employee trained and supervised by a school nurse in proper procedures for treatment/procedure.
- Medical treatments will be recorded on an individual log sheet

Legal references:

RCW 28A.210.320 Children with life-threatening health conditions — Medication or treatment orders

RCW 28A.210.260 Public and private schools — Administration of medication — Conditions

RCW 28A.210.270 Public and private schools — Administration of medication — Immunity from liability — Discontinuance, procedure

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