



Medication Dispensation

The Washington State Health Department does not allow school staff to administer any prescription drugs or over-the-counter medicine unless a specific procedure is followed.

Aspirin, cough drops, lozenges, inhalers, Epi-pens, antiseptic cream, and even vitamins and supplements are considered medications. Sunscreen is *not* considered a medication, and may be administered with oral consent of the parent.

To allow Fiddlehead staff to give medication to a child:

- Parents must fill out this Medication Form. The State of Washington requires all schools to have this information on file before we can administer any prescription or non-prescription medications.
- Medication must be in the original container labeled with the student's name, name of medication, prescribing physician, and dosage information.
- For nonprescription drugs, we must also have a doctor's consent form.

Children may self-administer medications only if:

- Parents have filled out a medication form
- Parents have secured written doctor's permission (for non-prescription drugs only)
- All labeling information indicated below is marked clearly on the container

	I request that a Fiddlehead staff member be permitted to give my child the following medication according to the instructions below. (Initial box at left)
	I give permission for my child to self-administer the above listed medication according to the instructions below. (Initial box at left)

Name of child _____ Today's date _____

Name of medicine _____ Dosage _____

Time(s) of day to be administered _____

Date authorization starts _____ Date authorization ends _____

What to do if a dose is missed _____

I understand that my signature on this form constitutes a waiver by me to the school or staff member for liability for untoward reactions when the medicine is administered in accordance with the physician's directions.

Parent/guardian signature Date



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Fiddlehead Staff Medication Log for:

_____ (student's name)

Is medication in original container with:

- Student's name
- Name of medication
- Prescribing physician
- Dosage information

- If it's a nonprescription drug, attach doctor's consent form to this form.

<u>Date</u>	<u>Time</u>	<u>Medicine administered</u>	<u>Dosage</u>	<u>Staff Initials</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____