



AUTHORIZATION FOR ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION IN CAMAS SCHOOL DISTRICT

Student's Name: _____ School Year: _____

DOB: _____ Gr: _____ School: _____ School Fax: (360) 833-5575 _____



THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROVIDER (LHP) PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY

Name of Medication: _____

Dosage/Frequency: _____

If given PRN, specify the length of time between doses: _____
(or medication instructions for cluster seizures):

Diagnosis or reason for medication: _____

Possible major side effects of medication: _____

What observable side effects do you want us to report: _____

EMERGENCY RESCUE MEDICATION IN THE HEALTH ROOM IS REQUIRED!

I request and authorize that the above-named student be administered the above identified oral, intranasal or rectal medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Licensed Provider Signature

Clinic Name

Date

Name (Print or type)

Telephone

Fax



THIS PORTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

I request and authorize the school to administer medication to the above medication to the above identified student in accordance with the health care provider's instructions. I may revoke this authorization by writing to my student's school district. If I did, it would not affect any actions already taken by the school district based on this authorization. Once health care information is disclosed, the person or organization that receives it may re-disclose it in conformance with applicable laws. Confidentiality or information provided to my student's school district is protected by the federal Family Education Rights and Privacy Act.

My signature indicates that I agree that district nurse will administer medication if he/she is in the building. I also understand that licensed personnel are not always available and that all seizure medication/procedures may not be executed within the time ordered. If licensed personnel are unavailable, 911 will be called. **Diastat cannot be given by a non-licensed staff member.** However if my student receives a medication other than Diastat, I may arrange for training and give permission for a PDA (Parent-Designated Adult) to administer medication in event of seizure (please see CSD policy 3416 and district nurse for further information).

You have my permission to communicate with this health care provider in order to make arrangements for the care and supervision of my child. I also give the Health Care Provider:

Permission to fax this form to the school: Yes No

Parent/Legal Guardian Signature

Date of Signature

Reviewed by: _____
School Nurse/Date

Please note:

1. All prescribed medication must be provided in a pharmacy labeled container (matching provider's order) with the name of your student, name of the medication, and the dosage and frequency in which the medication is to be given.
2. Medications must be brought to the school by the parent/guardian.

PLEASE SEE BACK PAGE FOR INSTRUCTIONS

**If your student requires medications at school,
please refer to the following instructions:**

1. Notify your school nurse right away. If medication is needed for a life-threatening condition, the nurse may need to work with parent to create a care plan. Direct school numbers can be located on the district website at camas.wednet.edu and are listed below.
2. Please complete parent section of the medication authorization form and provide student details at the top of the form.
3. Send to healthcare provider to complete and sign. If multiple medications needed at school, please fill out one form for **each** medication.
4. You or your provider may fax completed medication authorizations to (360) 833-5575.
5. Return form(s) with medication to school **before the first day of school**. You may want to call the nurse at your school directly to schedule a time to drop off medication.
6. Contact nurse with any further questions or concerns.

SCHOOL CONTACTS

Health Services Fax: (360) 833-5575

Preschools:

Papermaker Preschool: (360) 833-5750

Head Start Preschool: (360) 567-2720

Camas Community Preschool: (360) 833-5547

Woodburn Preschool: (360) 833-5860

Lacamas Lake Preschool: (360) 833-5740

Elementary Schools:

Woodburn Elementary: (360) 833-5860

Lacamas Lake Elementary: (360) 833-5740

Helen Baller Elementary: (360) 833-5720

Dorothy Fox Elementary: (360) 833-5700

Grass Valley Elementary: (360) 833-5710

Prune Hill Elementary: (360) 833-5730

Middle Schools:

Liberty Middle School: (360) 833-5850

Skyridge Middle School: (360) 833-5800

Odyssey Middle School: (360) 833-5780

High Schools:

Hayes Freedom High School: (360) 833-5600

Discovery High School: (360) 833-5780

Camas High School: (360) 833-5750