CASCADE CHRISTIAN SCHOOLS

Medication Authorization Form
School Year: _____

- ❑ **Junior High**
- ❑ **High School**
- ❑ **McAlder Early Learning Center/Elementary/Recreation**
- ❑ **Puyallup Early Learning Center**
- ❑ **Puyallup Elementary/Recreation**
- ❑ **Frederickson Early Learning Center/Elementary/Recreation**

Child's name:	Date of birth/age:
Name of medication:	Reason for medication:
Start date:	Stop date:
We administer medications at: ❑ 12 p.m. ❑ 2 p.m. Other time(s) ordered by licensed health practitioner: _____	Dosage:
Possible side effects:	❑Oral ❑Topical ❑Ear ❑Eye ❑Other _____ How to give (route)? _____ _____
Above information consistent with label? ❑Yes ❑No Confirmed by: _____	Requires refrigeration? ❑Yes ❑No
Has an Individual Health Plan (IHP) been developed? ❑Yes ❑No	Person processing form:
Special instructions:	

❑ I have attached the required doctor's action plan.
❑ I am providing at least three full days' dosage in the event of an emergency.
I authorize _____ to give the above medication.
(Name of Campus)

_____ Date: _____ Daytime phone: _____
Parent or Guardian Signature Email: _____

_____ Date: _____ Daytime phone: _____
Prescribing Licensed Health Practitioner Signature* Email: _____

EARLY LEARNING: Medications listed below, with clear instructions for your child's age written on the label, may be administered with only a parent/guardian authorization. All other medications require additional authorization from a prescribing licensed health practitioner.

- Antihistamines (Benadryl, Sudafed, etc.)
- Non-aspirin pain relievers and fever reducers (Tylenol, Motrin, etc.)
- Non-narcotic cough suppressants
- Decongestants
- Anti-itching ointments or lotions, intended specifically to relieve itching
- Diaper-area ointment and non-talc powders, intended specifically for use in the diaper area of the child
- Sunscreen

* A prescribing licensed health practitioner's signature *is required* if the label does not provide clear instructions or the parent/guardian instructions differ from the label (i.e., many medications for children under 2 years of age).

KINDERGARTEN-GRADE 12: In order to align with the State Office of Superintendent of Public Instruction's interpretation of the statute regarding over-the-counter medications and school compliance (RCW 28A.210.260 [4] AND RCW 28A.210.270), we must request both parent/guardian ***and*** *licensed health practitioner signatures for both prescription ***and*** over-the-counter medications.