



Submit

STATE OF WASHINGTON

WASHINGTON STATE SCHOOL FOR THE BLIND

2214 E. 13th St. · Vancouver, Washington 98661-4120 · (360) 696-6321 · FAX # (360) 737-2120

Health Center (360)947-3388 · FAX 833-606-1508

Health Center Guardian Consent

This form must be completed at the beginning of each school year to let us know what your preferences are in providing health care for your child at WSSB. Please read each section thoroughly and mark all appropriate boxes. Please do not leave a section blank.

PLEASE NOTE: WSSB Nurses are not able to administer prescription medications to students without the Licensed Care Provider Face Sheet properly completed and signed.

Sex assigned at birth

STUDENT NAME: _____ M F DOB: _____

GUARDIAN NAME: _____ PHONE: _____

EMAIL: _____

1. Medical Information, Treatment, & Communication

Table with 4 columns: Question, Yes, No, Comments. Rows include questions about life-threatening conditions, ongoing medical conditions, emergency care, staff actions, nurse care, confidentiality, dietary restrictions, and activity restrictions.

*Please note, per WAC 246-840-700, nurses may contact student's health care provider as needed to obtain and relay necessary health information needed to provide health care services to your student.

GUARDIAN signature _____ Date: _____

2. Over-the-Counter Medication Administration

Please note: WSSB Nurses have a comprehensive list of medication standing orders to administer to students. Without a signed medical face sheet, acetaminophen (Tylenol), ibuprofen (Motrin), diphenhydramine (Benadryl), antacids, and cough syrup are the only over-the-counter medications to be given.

Table with 3 columns: Question, Yes, No. Rows include questions about over-the-counter medication administration and restrictions.

GUARDIAN signature _____ Date: _____

3. Regularly Scheduled Prescription/Over-the-Counter Medications

	Yes	No
My student will take a regularly scheduled prescription medication while at WSSB.		
My student will take a prescription medication as needed for a specific condition while at WSSB. (Examples include migraine medications.)		
My student will take a regularly scheduled over-the-counter medication while at WSSB. (For example - vitamins, allergy medications, acne creams.)		

Please Note: Medication **MUST** be provided to WSSB nurses in original, properly labeled containers per RCW 28A.210.260(6) Medication will not be accepted in baggies, weekly pill containers, etc. and student may not be allowed to reside on campus until properly labeled medication is provided.

GUARDIAN signature _____ Date: _____

4. Medication - Other

	Yes	No
I feel that my student is capable of safely transporting his/her medication should a monitor not be available to transport. (For example, students who fly home or take the train).		
I agree to inform the Health Center of medication sent, amount, and reason for the medication.		
I give consent for my student to participate in the WSSB Nurse Supervised Self-Directed Medication Program. More information on this program can be requested from the Health Center.		
I understand that medication transportation is based on nurse discretion.		

Comments: _____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS AT WSSB

As the legal guardian of _____ I request that medication be administered to my child by a member of the WSSB staff in accordance with my licensed care provider instructions. Medication will be administered at WSSB or on WSSB sanctioned field trips. I will notify the school immediately if I change licensed care providers or if the medication or dosages change.

I agree to provide WSSB nurses with prescription and over-the-counter medication that is properly labeled with the following information: date, name of student, name of medication, dosage, reason for needing medication, amount (count) of medication being provided, method of administration, time to be given, side effects to watch for, signature of guardian and signature of licensed care provider.

I understand that medication not provided in the original and appropriate labeled containers, will not be given to the student. The student may not be able to reside at WSSB until medications are provided with proper labeling.

GUARDIAN signature _____ Date: _____