

Highland School District

Discontinuation of Medication Administration at School

Student _____
Estudiante

Grade _____
Grado

Medication Health Condition _____
Medicación Condición de salud

My student no longer needs this medication to be given at school. If this medication was needed to treat a potentially lifethreatening condition, I understand that I must provide the signature of the prescribing licensed health care provider below to verify that the medication is no longer needed. Without this signature, my student may be at risk for exclusion per RCW 28A.210.320.

Mi estudiante ya no necesita este medicamento para ser impartido en la escuela. Si era necesario este medicamento para tratar una potencialmente Vida amenazante, entiendo que yo debo proporcionar la firma de nuestro proveedor de cuidado de la salud abajo para verificar que esta medicación ya no es necesario. Sin esta firma, puede ser mi estudiante está en riesgo de exclusión por RCW 28A.210.320.

Additionally, I will notify the school nurse if my student's health care needs change in the future. Además, notificaré a la enfermera la escuela si la salud de mi estudiante cambia en el futuro.

Parent/guardian signature _____ Date _____
Firma del padre Fecha

To be Completed by the Licensed Health Care Provider

Debe ser completado por el proveedor de cuidado de la salud

I confirm that _____ no longer needs the following medication at school:

Name of medication _____

Reason medication is being discontinued _____

LHP signature _____ Date _____

LHP printed name _____ Phone _____

Please return to your school nurse.

Lo regresa a la enfermera de la escuela.

Phone # Scott Podruzny RN (509) 678-8904 or Trisha Roy LPN (509) 678-8700

Número de teléfono

Fax #

MWC 678-5494

TIS 673-2771

Highschool / Junior high 678-4140

District office 678-4177

Revised June 2022