



**DISPENSING PRESCRIPTION/NONPRESCRIPTION MEDICATIONS
Parent & Physician Authorization**

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Parkview Elementary
Phone: (262) 376-6800
Fax: (262) 376 – 6810 | <input type="checkbox"/> Thorson Elementary
Phone: (262) 376-6700
Fax: (262) 376 – 6710 | <input type="checkbox"/> Westlawn Elementary
Phone: (262) 376-6900
Fax: (262) 376 – 6910 | <input type="checkbox"/> Webster Middle School
Phone: (262) 376-6500
Fax: (262) 376 - 6510 | <input type="checkbox"/> Cedarburg High School
Phone: (262) 376-6200
Fax: (262) 376-6210 |
|---|--|---|---|---|

Student Name: _____ Date of Birth: _____ Date: _____

Start Date	Medication Name	*OTC Rx	Reason	Dosage	Route	Frequency/Time	Stop Date

**Please write in either OTC (over the counter) or Rx (prescription) medication.*

- The school personnel** (as designated by the building administrator) **who have been trained in the techniques of administering subcutaneous injections, intramuscular injections and/or Diastat** have my permission to administer the following medications according to their designated route: **Insulin, Glucagon, Epipen and/or Diastat.**
- If the medication is an **asthma inhaler** or **Epipen**, this student requires adult supervision, monitoring with use and it will be stored in the **(office)** and/or **(classroom)**. *(Parent/Guardian please circle)*
- PARENT/GUARDIAN:** I give my permission for this student to self-carry his/her **(Inhaler)** or **(Epipen)**. *Parent please circle.* This student is knowledgeable and understands when and how to administer the medication, when to seek adult assistance if symptoms persist, and has agreed to never share this medication with another student.
- ATTENDING PHYSICIAN:** I give my permission for this student to self-carry his/her **(Inhaler)** or **(Epipen)**. *(MD Please circle)* I verify that this student is **knowledgeable, has been trained to understand when and how to administer this medication independently and when he or she needs to seek adult assistance.**
- Please note, in order for a student to be allowed to self- carry his/ her Inhaler or Epipen we will need a signature from both the parent/guardian, and the attending physician indicating their consent. Both signatures and this medication form, then need to be on file with the school Principal.**

In addendum, for the younger student with an Epipen and/or Asthma Inhaler it is preferred that these items be kept in the office and/or Teacher's classroom to ensure that they are readily available when needed by staff and to ensure accurate and efficient use of the medication.

For Prescriptions Only

Specific conditions under which the physician, _____ should be contacted by school personnel regarding the conditions or reactions of the student receiving these medications are as follows: _____

What to do if any of the above medication is missed by more than one hour: _____

Physician's Signature *(Required if Rx medication)* Telephone Number _____ Date _____

Physician's Name and Address: _____

I agree to hold the Cedarburg School District and above person harmless in any and all claims arising from the administration of (this/these) medication(s) at School. I agree to notify the school in writing when any change in the above order is necessary.

Parent (Guardian) Signature Telephone Number _____ Date _____

To: Parents of All Students

Re: **Administering Medication in the Schools**

Each year we are asked to give medication to certain students who are temporarily ill and/or under the care of a licensed health care provider or physician (HCP). Whenever possible all student medication should be administered at home. Students should only take medication at school if the recommended doses cannot be accomplished by taking it at home. For example, medication that is taken twice daily should be taken at home. Medication that is prescribed three or four times daily may need to be taken at school so that all of the doses can be taken in a timely manner throughout the day. The District recognizes that it may be necessary for a student to take medication during the school day.

Wisconsin law allows designated school employees to give medication **ONLY** if certain procedures are followed. To reduce the possibility of individual students taking medication without parental knowledge, and to comply with the requirements of the law, the following procedures have been established.

If you wish your child to take medication during the school day:

1. All written consent forms and related materials must be renewed annually and/or at anytime a medication is changed.
2. **Nonprescription or over-the-counter medications.** Bring or send the medication to the school office in the original (pharmacy) container. Parent/guardian should complete and sign the medication form. **Special Note: This type of medication can only be provided in the recommended dosage as noted on the container.** Any increase or decrease in dosage requires a doctor's authorization.
3. **Prescription medications.** The **medication** should be in the **original pharmacy container** and the label must include:
 - Student's name
 - Name of medication
 - Dosage frequency, directions & method of medication administration
 - Name of the ordering physician
 - Name and phone number of the pharmacy

Special Note: Any prescription changes must be authorized by the physician once a prescription medication is started at school. **Please request an extra pharmacy labeled container (for school) when you renew or request the prescription from the pharmacy.** The pharmacy will provide this free of charge. Parent/guardian and the physician should complete and sign the medication form.

4. Medications will not be accepted at school unless they are in an original labeled container (no baggies or containers from home). The medication cannot be expired.
5. Bring or send the medication with a signed and fully completed medication authorization form.
6. **Special Note:** Herbal, vitamin or nutritional supplements, and any medications administered regularly at school for longer than 10 days, also require a physician's signature.
7. During the school year, if there is a change in a current medication and/or physician write in the name of the physician and phone number on the medication form and return to the school office. Staff will then fax the form to the physician's office for his signature.
8. Medication will not be administered at school unless we have a parent/guardian signature on the medication form. Emails and phone call permission cannot be accepted.
9. Emergency medications prescribed for management of serious or life-threatening episodes of asthma, seizures, diabetes, or severe allergies should be supplied to school in single dose pre-filled units or as metered dose inhalers by the parent/guardian. Please make sure that the **label is on the actual medication container** and NOT on the box. Separate emergency care plans must also be completed for these conditions.

A copy of the medication form is on the back of this letter. More are available from your school office or the district website. Your cooperation is appreciated. If you have any questions or concerns, please contact your school health office, the school district nurse (262-376-6149) or your child's principal.

Special Circumstances:

There are some special guidelines for students who are 18 years of age. Students may not carry and administer their own medication unless medically necessary and/or the student requires the use of an emergency medication (example: inhaler for asthma), has full knowledge and training on how to administer the medication, and has parent/guardian and physician written authorization.

