



**DISPENSING NONPRESCRIPTION MEDICATIONS
Parent Authorization**

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
	Tylenol	OTC					
	Ibuprofen	OTC					
	Antacids	OTC					
	Benadryl	OTC					
	Neosporin	OTC					
	Hydrocortisone	OTC					

* *OTC (over the counter).*

I agree to hold the Cedarburg School District and above person harmless in any and all claims arising from the administration of (this/these) over the counter 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.

