

**PHYSICIAN/DENTIST ORDERS FOR ADMINISTERING
PRESCRIPTION MEDICATION IN SCHOOL**

Student: _____

Date of Birth: _____

Parent: _____

Phone: _____

School: _____

Grade: _____

MEDICAL ORDER

Diagnosis: _____

Medication & Dosage: _____

Time of day to be administered: _____

(Inhalers only) Student may keep medication listed above and administer as needed: Yes No

This order is valid until the end of the current school year unless otherwise noted: _____

Possible adverse reaction to medication (if none, so state): _____

Date

Physician/Dentist Signature

Phone

Address

GUIDELINES FOR ADMINISTRATION OF PRESCRIPTION DRUGS IN SCHOOL

1. Parents are responsible for completion of this medical order/parent permission form; they are also responsible for completing a new form if medical order is changed.
2. All medications to be administered must be in a pharmacy labeled container.
3. Medication sent to school with a student must be in its pharmacy labeled container, placed in a sealed envelope and labeled with your child's name and the number of pills sent.
4. All medications will be administered by school district employees.

We agree with the above guidelines for administration of medication to our child, _____,
and give the Wisconsin Rapids Public Schools permission to carry out the above medical order.

Date

Parent/Guardian Signature

MEDICATION ADMINISTRATION PROCEDURES

*When possible parents are encouraged to administer medication at home.
The following procedures are used by the Wisconsin Rapids Public Schools when
administering medication at school.*

FOR PRESCRIPTION MEDICATION:

- The **Physician/Dentist Orders for Administering Prescription Medication in School** form must be completed by the prescribing physician and parent and returned to school before any medication will be administered.
- Medication sent to school with a student must be in its pharmacy labeled container, placed in a sealed envelope and labeled with your child's name and the number of pills sent.
- Medication should be supplied in ready-to-administer dosage form, for example pills cut in half if needed.
- Extra prescription labeled bottles can be obtained from your pharmacist upon request.
- Medication arriving in improperly labeled or unlabeled containers such as envelopes, baggies, or wrapped in aluminum foil will not be administered by school personnel.
- Changes in dosage, medication, and/or time of administration require a **Physician Order Form** to be completed.

FOR NON-PRESCRIPTION MEDICATION:

- Over-the-counter medications will be administered only with proper written parental consent. Medication must be provided in original labeled container.
- Secondary students may assume responsibility for self-administration and storage of small quantities of non-prescription products with written parental consent on file in health office.
- All medication must be in original, labeled container.
- Students are strictly prohibited from administering any over-the-counter medication to other students.