



PHYSICIAN/DENTIST ORDERS FOR ADMINISTERING PRESCRIPTION MEDICATION IN SCHOOL

WISCONSIN RAPIDS PUBLIC SCHOOLS

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

MEDICAL ORDER

Medication & Dosage: \_\_\_\_\_

Time of day to be administered: \_\_\_\_\_

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

(Epinephrine Injectors only) Student may keep medication 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. I give Wisconsin Rapids Public Schools permission to carry out the above medical order. I understand that medication will be administered by school district employees. This may include trained personnel who are not licensed practical or registered nurses.
2. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
3. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I have reviewed the Medication Administration Procedures listed on the back of this form and agree to abide by them.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

5/18/15cp

## 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.
- Extra prescription labeled bottles can be obtained from your pharmacist upon request.
- Medication should be supplied in ready-to-administer dosage form, i.e. pills cut in half if needed.
- 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.