



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

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.
- Medications classified as non-controlled substances, such as antibiotics, eye drops, and inhalers for treatment of asthma, may be sent to school with a student. These medications must be in a **pharmacy-labeled container**, placed in a **sealed envelope**, **labeled** with your child's name, and if in pill form, the number of pills sent.
- **Any medication identified as a controlled substance, such as medication for treatment of ADD/ADHD, anxiety, or pain, must be delivered to the school office by a parent, guardian, or other responsible adult.** These medications must be in a **pharmacy-labeled container**, placed in a **sealed envelope**, **labeled** with your child's name, and if in pill form, 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.