

## Prescription Medication Authorization Form



Wisconsin State Statute 118.07 along with RRSD policy 5330 allows the school nurse or designated school employee to assist competent students who are required to take medication during the school day. Medication should be taken at home when possible and limited to those necessary to provide access to the educational program. The parent/guardian must review the RRSD medication guidelines and provide written consent. A separate form is required for each medication. No medication will be administered to a student without a completed medication form on file.

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### MEDICATION INFORMATION (to be filled out by physician)

Name of Medication \_\_\_\_\_ Dosage and Route \_\_\_\_\_

Time or frequency \_\_\_\_\_ Purpose of medication \_\_\_\_\_

Possible side effects \_\_\_\_\_ Special instructions \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

### PHYSICIAN AUTHORIZATION (Required for all prescription medications given more than one week).

The above named student is under my medical care and requires this medication to be given at school.

Physician Name \_\_\_\_\_ Physician Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

Yes / No -Student has physician approval to carry and self-administer asthma inhaler. \_\_\_\_\_ (initial)

Yes / No -Student has physician approval to carry and self-administer Epi auto-injector. \_\_\_\_\_ (initial)

### PARENT/GUARDIAN AUTHORIZATION (Required)

I acknowledge that the above named student is competent to self-administer this medication with assistance from the school nurse or designated school employee while in attendance at school. I give permission for my child to self-administer this medication with the supervision of a designated school employee. I grant the school nurse permission, as necessary, to discuss the administration and use of this medication with the above physician. I agree that the River Ridge School District shall incur no liability and be held harmless against any claims of injury related to the administration of such medication. I give permission for my health care provider and River Ridge School District to send or receive a fax regarding this medical record.

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Medication received by \_\_\_\_\_ Quantity \_\_\_\_\_ Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

### River Ridge School District Medication Guidelines

In compliance with Wisconsin State Law, the River Ridge School District has adopted a policy for the administration of medications. For school personnel to administer medication safely and efficiently, parents/guardians must comply with district policy.

#### MEDICATIONS AT SCHOOL

Medications should be administered at home whenever possible. Parents/guardians are urged to consult with the prescribing practitioner to determine if medications can be scheduled outside school hours. In the event that this is not possible, designated district staff will administer medication according to district policy. Medication forms may be obtained from the school office.

All medications administered by RRSD staff are only available to students during school hours (7:30am-4:00pm).

#### PRESCRIPTION MEDICATION

1. All medications (over-the-counter and prescription) required a completed RRSD student medication authorization form. A separate form is required for each medication and student.
2. **The prescription medication must be supplied in the original pharmacy-labeled package indicating the correct dosage and frequency of administration.** This information must be the same as provided on the above noted form. Only the amount of medication needed at school shall be contained in the package.
3. **All controlled substances must be delivered to the school by a parent/guardian or other adult. Parents/guardians are encouraged to deliver the package of medication to the school office to prevent tampering by the child and other students.**
4. If changes in the dosage take place, an updated Administration of Medication Consent form, and an updated pharmacy-labeled package will be required.

#### NON-PRESCRIPTION MEDICATION (over-the-counter)

1. The parent/guardian must complete an Administration of Medication Consent form.
2. Medication must be supplied in the original manufacturer's package with the student's name affixed on the package.

**PLEASE NOTE: Other packages, such as a baggie filled with pills, will not be accepted.**

#### ADDITIONAL INFORMATION

1. Your pharmacist can provide a second empty labeled container so that you will have containers for home and school. Medication will not be given if in an unmarked container (i.e., baggie, envelope).
2. For controlled substances school office personnel will verify the amount of the medication delivered by counting individual units of medication in the presence of either the adult who delivers it or other school personnel. A sheet will also be signed by the parent dropping off the medication verifying the date the medication was dropped off at school.
3. Unused portions of medication after the completion of the school year or when discontinued must be picked up by the parent/guardian or will be disposed of after 7 days.
4. Emergency medical services (911) will be called for any student who receives an EpiPen for allergic reaction, medication for seizure, or glucagon for hypoglycemia.