

Medford Area Public Schools

Medication Administration Consent Form

Name of Student: _____ Grade: _____ Teacher _____
 Address: _____
 Parent/Guardian: _____ Phone: _____
 Licensed Practitioner: _____ Phone: _____

Medication Name and Strength: _____
 Dose: _____
 Route: _____
 Time to be administered at school: _____
 Date Order Effective From: _____ To: _____
 Diagnosis/Reason for Medication: _____
 Location of Medication: _____

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 Dose: _____
 Route: _____
 Time to be administered at school: _____
 Date Order Effective From: _____ To: _____
 Diagnosis/Reason for Medication: _____
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State the condition under which direct contact shall be made with the licensed practitioner in case the student receiving the medication develops an unusual condition or reaction to the medication.

1. **Licensed Practitioner signature**-Directs the above medication administration and indicates a willingness to communicate with staff who administers the medication.

2. **Parent/Guardian signature**-Allows staff to administer the above medication and to contact the health care provider if necessary. Agrees to hold the MAPSD harmless in any and all claims arising from the administration of this medication in school.

Practitioners Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medford Area Public School District

Administration of any medication to students is governed by Wisconsin Statute 118.29

General Information:

- Medication can only be accepted at school in original containers, or labeled pharmacy bottles.
- Medication should be transported to and from school by an adult.
- Students with permission may carry and self-administer their asthma inhaler, epinephrine, or insulin. Contact your school nurse to make arrangements if your child needs to carry other medications.
- School staff may not administer narcotic pain medication to students.

Prescription Medication:

- Prescription medications require licensed practitioner signature. To assist you, staff can FAX the form to your licensed practitioner for signature.
- Medications should be in a pharmacy container, with pharmacy label listing student's name, medication name, dosage and schedule.
- Information listed on the Medication Administration Consent Form must match the information on the pharmacy container, (i.e.: medication, dose, time given).
- Change in medication, dose or time requires an updated Medication Administration Consent Form, and a pharmacy bottle with an updated label.
- On delayed start times or late arrivals to school, medications will not be administered unless it is within 1 hour of the administration time specified by the licensed practitioner.

Non-Prescription Over-The-Counter Medication:

- Medication Administration Consent Form does not require licensed practitioner signature unless the dose requested exceeds package instructions.
- OTC medication not FDA approved must be accompanied by a licensed practitioner signature for administration at school by school staff.