



Health Services ■ 4800 South 60<sup>th</sup> Street ■ Greenfield, Wisconsin 53220 ■ Phone: 414-855-2439 ■ Fax: 414-281-8860

### MEDICATION REQUEST AND AUTHORIZATION

Complete one form for each medication. Guidelines on reverse side

#### PLEASE PRINT

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade/Room: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### TO BE COMPLETED BY LICENSED PRESCRIBER

Name of Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Dose/Route: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Frequency: \_\_\_\_\_

**For PRN Orders:** Specific symptoms or conditions under which medication is to be given: \_\_\_\_\_

Possible Adverse Reactions/Side Effects, including any already experienced by the student from the medication: \_\_\_\_\_

Actions to take if Observed: \_\_\_\_\_

#### **For Insulin, PRN Asthma Inhalers or Epi-Pens only** (complete if applicable):

Yes  No This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it.

Yes  No Due to the need for this child to have this medication immediately accessible, I recommend he/she be allowed to have this medication in his/her possession and to use it as prescribed.

Date of expiration: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Licensed Prescriber's Name/Address: \_\_\_\_\_  
(Please Stamp or Print)

Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent or legal guardian of the above named student, have read and understand the Medication Guidelines on the reverse side. I understand that medications are NOT given by licensed medical professionals but by designated trained school personnel. I give my permission for designated school personnel to administer to my child the nonprescription (over the counter or OTC) medication listed below according to my written instructions. I further give permission for designated school personnel to request and share relevant health information about my child and the administration of this medication with appropriate school personnel.

#### I agree to:

- Deliver or assume responsibility for safe delivery of the medication to school.
- Provide the medication in the original, labeled, unopened manufacturer's container with my child's name clearly written on it.
- Submit a new written authorization form if any change in taking this medication occurs.
- Notify the school in writing immediately if there is a discontinuation of this medication.
- Pick up any unused medication

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

Date: \_\_\_\_\_

## GUIDELINES

In order to provide maximum safety to students and staff and to be in compliance with Federal and State statutes, the Greenfield School Board has established medication policy and guidelines to guide school personnel and parents/guardians in medication administration in school. Please refer to the full text of Policy 5330 and Administrative Guideline AG5330 for additional details. The following are excerpts from the Administrative Guidelines which apply in most circumstances:

- Medication should be administered to students by their parents at home whenever possible. Consult with your child's health care provider to determine whether the medication schedule can be adjusted to avoid administration of medication during school hours.
- For each prescription medication, the *Medication Request and Authorization* form must be completed and signed by both the prescribing health care professional and the parent/guardian and be on file at the school before the student may receive or use any prescription medication.
- For each nonprescription medication (over the counter or OTC), The *Authorization to Administer Nonprescription Medication* form must be completed and signed by the parent/guardian and be on file at the school before the student will be allowed to begin taking any nonprescription medication during school hours.
- For safety purposes, parents/guardians are expected to transport and deliver medications to school. Students may transport medications to school only if necessary and **only** if they immediately deliver those to the school office upon arrival. Parents/guardians are to notify the school if medication is being sent to school.
- Medications must be provided in the original manufacturers' or pharmacy container. Baggies, envelopes, or other non-original containers may not be used for transportation or storage of any medication. If prescription medication is also taken at home ask the pharmacist for a separate bottle appropriately labeled for school administration.
- Medication must be provided in the correct dosage. School personnel will not alter (cut or break) any medication.
- Students may not carry or self-administer any prescribed medication except essential or emergency medications such as insulin, asthma inhalers, or Epi-pens, only if properly authorized. Students are expected to be adequately instructed by their health care provider in the use of these medications and deemed capable of taking them safely. Their medication authorization form must specify this and that they may carry and use the medications independently. No supervision of administration or documentation of these medications will be provided by school staff.
- Elementary and middle school students may not carry or self-administer nonprescription (OTC) medications.
- Greenfield High School students may carry and self-administer non-prescription medication without written authorization.
- A new written medication (prescription or nonprescription) authorization form is required any time a medication order changes in any way.
- Parents/guardians must notify the school in writing if an order is discontinued.
- When medications are discontinued or at the end of the school year parents/guardians are responsible to pick any medication up. Students may not transport home unused medication.

All medication must be provided in **original container** that clearly states the information below:

<i>Prescribed Medication</i>	OR	<i>Non-prescription (OTC) Medication</i>
<ul style="list-style-type: none"> <li>◆ Name of student</li> <li>◆ Name of medication as listed on Authorization form</li> <li>◆ Dosage to be given <i>at school</i></li> <li>◆ Time/frequency of administration <i>at school</i></li> <li>◆ Name of prescribing practitioner</li> <li>◆ Name and phone number of pharmacy</li> <li>◆ Date</li> </ul>		<ul style="list-style-type: none"> <li>◆ Name of student clearly written on original container</li> <li>◆ Medication in original manufacturer's container</li> <li>◆ Container must list strength and ingredients of medication</li> <li>◆ Dosage/frequency for age/size indicated</li> <li>◆ Special handling/storage directions</li> <li>◆ Indications for use specified</li> <li>◆ Potential side effects/signs of overdose specified</li> </ul>