

Medication Request/Consent Form

Oak Creek-Franklin Joint School District, Oak Creek, WI

Complete one form for each prescribed medication. Guidelines on reverse side.

Student's First Name _____ Last Name _____
Date of Birth _____ Sex: M F
School _____ Grade _____
Parent/Guardian's Name _____ Phone# _____
Parent/Guardian's Address _____

To Be Completed by a Physician ~	<input type="checkbox"/> Refer to Asthma Management Plan
	<input type="checkbox"/> Refer to IHP-Diabetes Medical Management Plan
	<input type="checkbox"/> Refer to Allergy Management Plan
	<input type="checkbox"/> Refer to Seizure Management Plan
Name of Medication/Treatment _____	
Reason for Medication/Treatment _____	
Administration Schedule (include parameters for PRN medications) _____	

Dose _____	Route _____
Possible Adverse Reactions/Side Effects _____	
For Inhalers, Insulin, & EpiPens only: This student is both capable and responsible for self-administering this medication:	
<input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision <input type="checkbox"/> Yes, without supervision	
This student may carry Inhaler, Insulin, or EpiPen on self: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Effective: From: _____ To: _____ Fax: _____	
Physician's Name: _____ Phone: _____	
Physician's Signature: _____ Date: _____	

I, the parent or legal guardian of the above named student, have reviewed the *Administering Medicines to Students Guidelines* on the reverse side. I understand that I must submit a new request if this prescription changes. I further give permission for designated school personnel to administer the above medication to my child or for my child to self-administer this medication if applicable. This form shall also permit designated school personnel to share and request relevant health information regarding the administration of this medication. I am aware that medications are NOT given by licensed medical personnel.

Parent/Legal Guardian Signature _____ Date _____

ADMINISTERING MEDICINES TO STUDENTS

Students might occasionally need to take medication during the school hours. In accordance with Board policy JHCD (*Board policies may be accessed on the school district's website*) parental and physician/health care provider permission must be obtained before this occurs. The parent/guardian must provide the school with the completed **Medication Request/Consent Form** prior to any medication being administered. This includes prescription drugs, "over the counter" medications, and homeopathic remedies/herbs.

Parent(s) should provide only enough medication for use at school, not the entire prescription. It **must be in a labeled bottle from the pharmacy or original "over the counter" package**. If it is not in the original package or does not have the pharmacy label on it, the medication will not be given. All medication must be delivered and picked up from school by a parent or guardian. Parents/physicians/health care providers shall inform the school of possible side effects of the medication.

The prescribed medication will be kept in a locked cabinet in the health room. The label on the bottle shall contain the name and telephone number of the pharmacy, the student's full name, name of the drug and dosage, effective date, directions, time to be given and prescribing practitioner's name. Taking the medication shall be supervised by designated school personnel at a time conforming to the indicated schedule.

Parents shall provide medication to be administered on field trips in a labeled bottle from the pharmacy with only the amount of medication needed during the field trip. If additional medications (not routinely taken during the school day) are required for overnight field trips, a completed **Medication Request/Consent Form** must be received for each additional medication.

Students may carry and self-administer their inhalers, EpiPens, or insulin in school or at school activities (with the completed **Medication Request/Consent** on file at the school) to prevent or control their identified health care needs. The school will call 911 when an EpiPen, Glucagon, Versed or Diastat is used.

Physician permission is not required for students to carry and use cough drops. Written parental permission is required for elementary students to use cough drops. All students may carry and use contact lens solutions(s) without signed permission.

State law requires that students who carry their inhalers, insulin or EpiPens at school must have a **Medication Request/Consent form** on file signed by their doctor.

All medications remaining at the school at the end of the school year in June must be taken home by an adult. The only exception is inhalers, which will be sent home with each student. If medications are not picked up by designated date in June, they will be disposed of by the school nurse. This will be documented on the student's medication administration record.