

WISE SCHOOL

Medication Form

This form must be returned before the beginning of the school year and whenever the prescription changes

Student Name: _____ Date of Birth: _____ Grade: _____

Medication, including any over-the-counter medicines, may be administered only after the school receives the following:

1. Written instructions from the physician
2. Written permission from the parent or legal guardian

TO BE COMPLETED BY A LICENSED PHYSICIAN:

Non-prescription medication(s) that may be administered according to labeled indications and directions:

Acetaminophen (i.e. Tylenol): Yes _____ No _____

Ibuprofen (i.e. Advil, Motrin): Yes _____ No _____

Benadryl (for allergic reaction only): Yes _____ No _____

Other (i.e. Claritin, cough syrup, decongestant, etc. – must be supplied by parent) Yes _____ No _____

Prescription medication(s) that may be administered according to written directions below:

Medication _____ Diagnosis _____

Dosage, form, route _____ Time Schedule _____

Add'l Instructions _____

Please print or stamp: Physician's Name: _____

Address: _____

Telephone: _____ Fax: _____

*Physician's Signature _____ Date: _____

(Required)

TO BE COMPLETED BY PARENT/GUARDIAN:

I understand that the administrations of medications at school requires a physician's written order including non-prescriptive medications (i.e. Tylenol/Advil). I will comply with the policies and procedures determined by Wise School. I recognize that the administration of medication is a service, which the School is not legally required to perform, and I agree to hold the school and its personnel free from all liability that may arise out of this service.

_____ I authorize the school nurse or other designated personnel to administer any prescription or non-prescriptive medications as ordered by my child's physician.

_____ I request that no medication be administered to my child at school.

*Parent/Legal Guardian's Signature
(Required)

Date

Policy and Procedures for Administering Medications at School

EVERY STUDENT MUST TURN IN THIS FORM – PLEASE READ CAREFULLY

It is generally better to have medication administered at home. However, it is sometimes necessary to give a child medication during school hours, and we wish to assist you as needed. We recommend that the first dose be given at home. Whenever possible, we encourage you to work out the dosage schedule with the doctor so that medication is not given during school hours.

The school nurse or other designated school personnel can only administer medication when it is accompanied by:

1. Written instructions from the physician
2. Written permission from the parent/legal guardian

MEDICATION FORM

- X Is valid for the entire school year **and** must be renewed whenever the prescription changes.
- X Must be completed and signed by physician and parent before any long-term medication (continuing daily or as needed) can be administered.
- X May be used for short-term medication (14 days or less). A physician's authorization written on a prescription pad or letterhead is also acceptable with a parent's written note requesting medication to be given. **The prescription label on the medication container is not acceptable as a physician's statement.**
- X Extra forms may be requested from the school nurse.

ACETAMINOPHEN (TYLENOL) OR IBUPROFEN (ADVIL)

- X No over-the-counter medication, Including Tylenol or Advil, will be administered unless there is **written** authorization from a **physician or dentist along with a parent signature.**
- X For your convenience, Acetaminophen and Ibuprofen are available in the Health Office. Benadryl is available to be administered for severe allergic reaction only.
- X All other over-the-counter medications must be provided, along with the proper authorization forms.

OTHER MEDICATION POLICIES

- X Medication must be provided in the original, properly labeled prescription container. We cannot accept medication brought in a plastic bag, plastic ware, or other repackaged containers. Please request that your pharmacist provide you with a second, properly labeled prescription container which can remain at school.
- X For the safety of all students, all medications are to be stored in the Nurse's office and administered by designated personnel. Medications must be delivered by an **adult-students may not carry medications at school.**
- X Medications that remain after the last day of school will be discarded. Please make arrangements to take home medications at the end of the school year.

Thank you for your cooperation. Should you have any further questions, please feel free to contact the School Nurse.

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Medication _____ Diagnosis _____

Dosage, form, route _____ Time Schedule _____

Add'l Instructions _____

Please print or stamp: Physician's Name: _____

Address: _____

Telephone: _____ Fax: _____

*Physician's Signature _____ Date: _____

(Required)

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