Elkhart Lake – Glenbeulah School District

DISTRICT OFFICE / HIGH SCHOOL
Dr. Adam Englebretson, District Administrator / Mr. Ryan Faris, Principal
aenglebretson@goresorters.com / rfaris@goresorters.com
201 North Lincoln Street, P.O. Box 326, Elkhart Lake, WI 53020 · Tel (920) 876-3381 · Fax (920) 876-3511

ELEMENTARY / MIDDLE SCHOOL
Dr. Jeanne Courneene, Principal / Mrs. Debbie Hammann, Director of Special Education/Pupil Services
jcourneene@goresorters.com / dhammann@goresorters.com
251 East Maple Street, P.O. Box 518, Elkhart Lake, WI 53020 · Tel (920) 876-3307 · Fax (920) 876-3105
www.elgs.k12.wi.us

ADMINISTRATION OF MEDICATION CONSENT – POLICY 5330

Dear Parent / Guardian:

The Elkhart Lake-Glenbeulah School District has established a policy on administering medication to students (Policy 5330) and procedures have been established to implement that policy. Before school personnel can give any medication to your child, you must do the following:

For Non-prescription Medication:

1. Complete PART I of the Medication Consent Form.
2. Send the medication to school in the original container labeled with your child's name.

For Prescription Medication:

1. Complete PART I of the Medication Consent form.
2. Have your child's doctor complete PART II of the Medication Consent form.
3. Send the medication to school in the original container from the pharmacy.

A copy of the above form is printed on the backside. More forms are available in the school office.

This policy helps protect your child's safety and complies with Wisconsin State Law. Thank you.

Sincerely,

Elkhart Lake-Glenbeulah School District Administration

SCHOOL MEDICATION CONSENT FORM

PART I – TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

Name of Student _____ Telephone Number _____

Is the medication prescribed by a physician? NO _____ Please complete PART I only.
YES _____ Please complete PARTS I and II

Name of drug and dosage: _____

Time / Hour(s) medication is to be given: _____ No. of days: _____

I hereby give permission for school personnel to administer medication(s) to my child according to the directions stated on this form, and authorize them to contact the practitioner if there is a question. I agree to hold the Elkhart Lake-Glenbeulah School District, it employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in this medication order is necessary.

_____ _____
Signature of Parent / Legal Guardian Date

PART I – TO BE COMPLETED BY PRACTITIONER

Practitioners Name: _____

Telephone Number: _____ FAX Number: _____

Diagnosis: _____

_____

Medication/Dose/Route/Frequency/Duration: _____

_____

PRN (as the situation demands) State condition under which medication is to be given: _____

_____

Potential Adverse Reactions, if known: _____

_____

Start Date: _____ Stop Date: _____

Should this patient need to keep the prescribed medication(s) on his/her person for emergency use (i.e., inhaler, insulin, epi-pen, bee sting kit, etc.), please indicate that in written detail below:

PRACTITIONER UNDERSTANDING
I acknowledge by my signature on this document that I will assist and advise non-medically trained school personnel with regard to the administration of medication described above. I further acknowledge that all instructions should be stated in language of the lay person. School personnel may contact me if a question arises.

_____ _____
Practitioners Signature Date