



Parent/Guardian Medication/Procedure Consent Form

Full name of child _____

School or MSCR Program _____ D.O.B. _____

Name of Practitioner ordering medication/procedure _____

Phone Number of Practitioner ordering medication/procedure _____

Address of Practitioner ordering medication/procedure _____

Name of medication/dosage or procedure _____

Time it is to be given _____

How it is to be given _____

Reason for medication/procedure _____

I hereby give my permission to the nurse or delegate(s), and/or the MSCR designee or delegate(s) to give the medication or perform the procedure to my child according to the written instructions of the Practitioner as shown on the Order for Medication Administration form. I also hereby agree to give my permission to the school nurse or the MSCR designee to contact the child's Practitioner.

I further agree to hold the Madison Metropolitan School District, and the MMSD/MSCR employee(s) who is (are) administering the medication or performing the procedure harmless in any or all claims arising from the administration of this medication or the performance of this procedure at school.

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

Signature of Parent/Legal Guardian _____ Date _____

Phone #: (Home) _____ (Work) _____

Administering Medication

1. No prescription or non prescription drug product will be administered by school/MSCR personnel without the Medication Consent form **and** the Order for Medication Administration form being filled out and returned to the School Nurse or MSCR Director's designee.
 - a. Medication Consent Form must be filled out by the parent/legal guardian and addressed and returned to the School Nurse or MSCR Director's designee.
 - b. An Order for Medication Administration form must be filled out by a prescribing practitioner and addressed and returned to the School Nurse or MSCR Director's designee.
 - c. The School Nurse or MSCR Director's designee shall maintain an accurate medication file which includes all of these necessary forms for each student/participant receiving medication. Any changes shall be communicated to the School Nurse or MSCR Director's designee by both the prescribing practitioner and parent/legal guardian.
2. Prescription drugs to be administered in the school or at an MSCR site/program must be supplied by the student's/participant's parent/legal guardian in the original pharmacy-labeled package and have the following information printed, in a legible format, on the container:
 - a. Student's/participant's full name;
 - b. Name of the drug and dosage;
 - c. Effective date;
 - d. Directions;
 - e. Time to be given; and
 - f. Prescribing practitioner's name.
3. Nonprescription drug products to be administered in the school or at an MSCR site/program must be supplied by the student's/participant's parent/legal guardian in the original manufacturer's package and the package shall list the ingredients and recommended dosage in a legible format.
4. Prescription and non prescription drugs will be administered to the student/participant at the designated time by the School Nurse or MSCR Director's designee, or by an individual who has been authorized to do so.
5. Parents are responsible for supplying the School Nurse or MSCR Director's designee with the prescription or non prescription drug.
6. All prescription and non prescription drug products administered at the school will be kept in a locked cubicle, drawer, or other safe place. The School Nurse or MSCR Director's designee will count and document the quantity of medication each time it is brought to school.
7. The length of time for which the drug is to be administered, which is not to exceed the current school year, including summer school or the length of the MSCR program, shall be contained in the written instructions from the prescribing practitioner, and further written instructions must be received from the prescribing practitioner with the consent of the parent/legal guardian if the drug is to be discontinued or any other change is to be made in the prescribing practitioner's original instructions.
8. An accurate and confidential system of record keeping shall be established for each student/participant receiving drug products.
 - a. Information on the administration of drug products shall be kept in the health office or a designated place at the MSCR site. Such information shall include a list of students/participants who are being administered drug products during school hours and the type of drug product, the dose, the time to be given, and the date the drug product is to be discontinued. Such information should be updated periodically as practicable.
 - b. An individual record for each student/participant receiving a drug product shall be kept by the School Nurse in the Health office or MSCR Director's designee at a designated place at the MSCR site, including the type of drug product, the dose, the time given, the duration, and an inventory of the amount of drug product.
 - c. School/MSCR personnel are asked to report any unusual behavior of pupils on drug products.
9. In the event of a drug administration error, parent and prescribing practitioner will be notified. A written incident Report explaining the error shall be completed by the School Nurse or MSCR Director's designee or other employee involved, if any, and such report shall be filed with the student or participant health record and sent to the coordinator of health services.
10. All District employees authorized to administer drugs in the school or at an MSCR site/program shall receive training, approved by the Department of Public Instruction, prior to administering any nonprescription or prescription drug product.
11. Nothing in this policy shall be construed to limit an employee's ability, including a nurse's ability, to respond appropriately in a health emergency situation, including but not limited to administering medication, if needed.