

**KAUKAUNA AREA SCHOOL DISTRICT
CONSENT FOR MEDICATION ADMINISTRATION**

Dear Parent / Guardian,

Some students need to receive medication during the school day. In order to ensure safe and appropriate delivery of medication, please follow the Medication Administration Procedure on the reverse side of this form.

Student Name: _____ Birth Date: _____ Grade: _____

Ordering physician: _____

Medication Name: _____

Prescription: _____ Non-prescription: _____ (check one)

Dosage: _____ Time: _____ Route: _____

Reason for medication: _____

If medication is **as needed**, under which condition should it be given: _____

Other special instructions and/or interventions: _____

Should the student receive his/her lunch prescription dose on 11:30 a.m. early release days? YES / NO

***Asthma Inhaler:** Student is able to carry his/her inhaler on his/her person YES / NO

***Epi Pen:** Student is able to carry and manage his/her own epi-pen. YES / NO

I verify the above medication order:

Physician Signature

Date

I hereby give the school my permission to administer the above medication to my child in accordance with the KASD Medication Administration Procedure. I further give my permission for school personnel to contact the ordering physician as needed to clarify instructions or share appropriate information. I agree that the school nurse may share the above information with appropriate school personnel. I agree to notify the school nurse of any changes to the above medication administration instructions. I understand that this permission is effective for the duration of the school year unless I have specified otherwise.

Parent / Guardian Signature

Date

MEDICATION ADMINISTRATION PROCEDURE

In the interest of safety for all students, the following medication administration procedures will be followed for any student needing medication while at school.

1. PRESCRIPTION MEDICATION to be given at school **MUST** have:

- A written order from a United States licensed physician within 48 hours.
- Parent/legal guardian written permission.
- Medication must be in the actual labeled pharmacy container (loose pills/tablets sent in plastic bags or envelopes are not acceptable).
- Stimulant type medication (which is given for Attention Deficit Disorder) must be brought to the school health office by the parent/guardian. Likewise, if the medication is discontinued or changed, any remaining medication must be picked up by the parent/guardian.
- A new written order from the parent and the physician is needed for any medication dosage change.

2. OVER-THE-COUNTER MEDICATION to be given in school **MUST** have parental/legal guardian written permission. Only FDA approved products will be administered and only in the recommended therapeutic dose. Over-the-counter medication must be in the original labeled container.

3. All medications will be distributed out of the school health office by the school nurse or district staff trained in medication administration unless otherwise specified during the calendar year.

- Field Trip Exception: Single doses of medication will be placed in sealed, labeled envelopes. A staff member trained in medication administration will be responsible for the handling of the medication and the documentation related to the medication.
- Extended Field Trip/Travels Abroad: The medication consent form needs to be completed by the parent/guardian and ordering physician. All prescription medications will need to be listed and all medications need to be supplied in the original labeled pharmacy bottle with only the quantity needed for the field trip. (Policy 351, Exhibit C).
- All medication administered at school will be stored in a locked medicine cabinet located in the health office. Asthma Inhaler and EpiPen Exceptions: An Asthma Inhaler or Epi Pen may be kept on the student's person if written permission from both parent/guardian and the physician is on file in the Health Office. A student's authorization to possess and self-administer emergency medication may be revoked by the building administrator after consultation with the school nurse and/or parent/guardian if the student demonstrates an inability to responsibly possess and self-administer such medication.
- Students may self-administer prescription or OTC medication under special circumstances with written consent from the parent, recommendation from a physician, and approval from the school nurse.

4. All medication doses, both prescription and over-the-counter, will be documented on the Medication Administration Record or the individual student health logs. Upon discovering the error, the staff member will immediately notify the school nurse by contacting the health office and the Medication Incident Report will be completed.

5. Parents must notify the school if a medication is discontinued. If the medication is resumed, a new order must be received from the physician and a consent form must be signed by the parent/legal guardian.

6. It is the parent/guardian's responsibility to provide emergency medications for traveling to and from school and for school sponsored events.

7. Students 18 years of age and older are permitted to provide written consent for their own medication.

8. Kaukauna Area School District will not take responsibility for a medication dose omission if a student deceptively chooses not to swallow his/her medication(s) by means such as pocketing, cheeking, etc.

