MILWAUKEE PUBLIC SCHOOLS

MEDICATION/PROCEDURE AUTHORIZATION

Student's Name: _____ ID#: _____ Date of Birth: _____

School: _____ Grade: _____

Diagnosis 1: _____ Diagnosis 2: _____

Parent Permission

I am requesting that my child, _____, receive prescription medication(s) or procedures at the time indicated and as designated by his/her health care provider.

I am responsible for bringing the prescription medication(s) to school in a labeled container from the pharmacist. I also understand that I am responsible for maintaining a sufficient amount of medication(s) and/or supplies at the school. Failure to do so will result in an interruption or discontinuation of medication administration/medical procedure for my child. I understand that, if my child refuses to take the prescribed medication(s) or allow the procedure(s), force will not be used by school personnel to make my child comply.

School personnel have permission to communicate with the health care provider regarding the medication(s) and/or the procedure prescribed. I can rescind my permission at any time.

My signature verifies that I have read this form and acknowledges that a copy of *Administration of Medication and Procedures* can be found in the *Parent/Student Handbook on Rights, Responsibilities and Discipline*.

Signature of Parent/Legal Guardian | Phone Number | Date: (Month/Day/Year)

Health Care Provider Authorization:

I am prescribing the following medication and procedures for the above student to be administered or performed at school.

DAILY

Name of Daily Medication (Generic and Trade Name)	Dosage/ Frequency	Time(s) (AM/PM):	Start Date	Stop Date	Possible Adverse Side Effect or Contraindications:

PRN

Name of PRN Medication (Generic and Trade Name)	Dosage/ Frequency	Time(s) (AM/PM):	Start Date	Stop Date	Possible Adverse Side Effect or Contraindications:

PROCEDURES

Name of Procedure (CIC, glucose checks, suctioning, etc.):	Dosage/ Frequency	Time(s) (AM/PM):	Start Date	Stop Date	Monitoring Parameters

The above orders shall be valid for one year from the date of signature by the health care provider, unless the orders are discontinued, changed or withdrawn in writing by the health care provider or parent/guardian before that time elapses.

Health Care Provider's Signature | Telephone/Fax Number | Date: (Month/Day/Year)

Health Care Provider's Printed Name | Health Care Provider's Address

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Parent Responsibilities for Administration of Medication at School

Whenever possible, prescriptions medication should be administered to school children by parent/guardian at home. Should it be necessary to administer prescription medications during the school day, the school principal and/or other persons designated in writing by the school principal, may administer prescribed medications to students under the following established conditions:

1. Prescription medications will not be administered to a student by any Milwaukee Public Schools personnel unless *MEDICATION/PROCEDURE AUTHORIZATION* form is completed by the prescribing health care provider and on file in the school. The only exception to this is the emergency medication Epinephrine administered per MPS Nursing protocol.

2. The *MEDICATION/PROCEDURE AUTHORIZATION* form requires:
   - Clearly written instructions for medication administration signed by the health care provider
   - The time during the school day that the medication is to be administered
   - The dosage amount
   - The parent/guardian's signed consent

3. The *MEDICATION/PROCEDURE AUTHORIZATION* form can be obtained at the school office during normal school hours of operation. It is the parent/guardian's responsibility to have the *MEDICATION/PROCEDURE AUTHORIZATION* form completed and on file in the school before any medication can be administered to the student at school. The form is also available on the MPS website, search "Medication Procedure Permission Form"

4. The *MEDICATION/PROCEDURE AUTHORIZATION* form is effective for one year from the date of signature by the health care provider, unless the orders are discontinued, changed or withdrawn in writing by the health care provider or parent/guardian before that time elapses.

5. If there is a change in the medication, its dosage amount, or the time it is to be administered, you must obtain a new *MEDICATION/PROCEDURE AUTHORIZATION* form and have it filled out by the health care provider and on file in the school. No change in medication administration dosage can be permitted without appropriate authorized forms.

6. All medications must be brought in to school by a parent/guardian. Prescription medication(s) must be in a pharmacy-labeled container and clearly identify the student, medication, and dosage. Over-the-counter medication(s) must be in their original manufacturer container. When a controlled substance is brought to school, the quantity of medication should be verified and co-signed by the school administrator or other staff on the back of the Medication Administration Record (MAR). A parent or guardian may also observe the count and sign the back of the MAR.

7. When a prescribed medication is discontinued, it is the responsibility of the parent to notify the school principal or designee (i.e., Nurse) who will in turn fax an "Request to Discontinue Medication Administration at School" form to the health care provider.