

**WILMOT UNION HIGH SCHOOL
REQUEST FOR MEDICATION ADMINISTRATION**

**** ONE MEDICATION PER FORM ****

**** ALL medication must be provided in the original container ****

**** Prescription medications require BOTH parent AND physician/practitioner signatures ****

**** Medication will ONLY be given in accordance with the dosages on the original container ****

Student Name: _____ DOB: _____ Gr: _____

Medication: _____

Dosage/Procedure: _____

Route (how to be given): _____

Time(s) Administered: _____

Dates to be administered: Start: _____ End: _____

Reason for Medication: _____

Side Effects: _____

Student may carry for Emergency Purposes (Epi-Pen & Inhalers only): Yes No N/A

Give medication on: Full stomach Empty stomach N/A

Additional directions/symptoms (storage/sterility): _____

Parental Consent:

I hereby give permission to school employees designated by school officials to give my child the medication above according to the directions indicated above.

I further give permission to school authorities to contact my physician/practitioner and exchange information regarding the administration of this medication

I have read the "Criteria for Dispensing Medication at School" on the back of this page and agree to meet these criteria to include coordinating the delivery of the medication to school.

Parent Signature: _____ Date: _____

Physician/Practitioner Authorization:

I authorize that the above medication is to be administered as prescribed by the designated school employee.

Physician/Practitioner Signature: _____ Date: _____

Physician/Practitioner Name (please print): _____

Address: _____

Phone: _____ Fax: _____

Criteria for Dispensing Medication

Medications are **encouraged** to be given outside the school hours but if this cannot be avoided, the following guidelines must be followed:

1. **Complete the "Request For Medication To Be Administered During School Hours"**, signed by the physician/practitioner and parent/guardian if a prescription medication is to be given, or the parent/guardian if it is a non-prescription medication. School personnel will then see that medication is given to the student as prescribed. All medication authorization forms must be renewed annually.
2. **All medication** must be supplied in the **original** prescription bottle. Non-prescription medication must be in the original container with the directions on the container including pupil's name. **The medication shall be kept in a locked area at school.** Taking the medication shall be supervised by the school nurse or other designated school personnel. **It is the responsibility of the student to get his/her medication at a designated time.**
3. It is important that an accurate and confidential system of record keeping be established for each pupil receiving medication. The physician's request for medication to be administered during school hours shall be kept on file. This should include the type of medication, the dose, and the time to be given. The parents must notify the school when the drug is discontinued, or the dosage or time is changed. An updated medication authorization form is required for **ALL** changes in medication.
4. It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. Any special circumstances regarding delivering medication to school must be sanctioned by the school principal. All unclaimed medication at the end of the school year will be disposed per policy after written notification to parent/guardian.
5. **School personnel will under no circumstances provide any medication to students without meeting the criteria in 1 to 4 above.** Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of a school and should not be practiced by any school personnel.
6. If the student uses an epinephrine auto-injector or an inhaler, the school highly recommends that it be available at school (on the person or in the locker). Please have your physician indicate that on the "Request For Medication Form".
7. **It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child. Pupils with a potential life threatening health problem may be excluded from school until required medication and staff training are in place at school.**