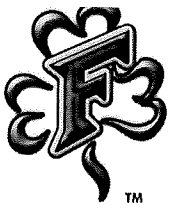


Freedom Area School District

MEDICATION PROCEDURE

- I. Students requiring medication at school shall be identified to the School Nurse by the parent/ guardian.
- A. Prescription Medication**
1. For any prescription medication, forms by the physician and the parent/ guardian allowing school personnel to give the medication must be properly filled out and brought by the parent/ guardian on the first day that the medication is to be given at school
 2. The original medication bottle from the pharmacy shall be given to school personnel for dispensing to the student. The label on the bottle shall contain the name and telephone number of the pharmacy, the students name, name of physician, medication name, and the dosage to be given. With any refill of medication a newly updated medication bottle is required from the pharmacy.
 3. All prescription medication must be brought to school by the parent/ guardian. When the medication is discontinued or at the end of the year, the parent/ guardian is responsible for picking up the medication. If the medication is not picked up within two weeks after school is out or medicine is discontinued, the medication will be properly discarded.
- B. Non-Prescription Medication**
1. The non-prescription medication must be supplied by the student's parent/ guardian in the manufacturer's package and the package must list the ingredients and recommended therapeutic dose in a legible format. School personnel may administer any drug which may lawfully be sold over the counter, without a prescription, to a student with the written consent and written instructions given by the parent/ guardian.
 2. A student may be administered a non-prescription medication in a dosage other than the recommended therapeutic dose only if the request to do so is accompanied by the written approval of the student's physician.
 3. All non-prescription medication must be brought to school by the parent/ guardian. When the medication is discontinued or at the end of the year, the parent/ guardian is responsible for picking up the medication. If the medication is not picked up within two weeks after school is out or medicine is discontinued, the medication will be properly discarded.
- II. If more information is required by school personnel for the safety and protection of the student on a medication, the physician or parent/ guardian will be contacted before administration of the medication.
- III. All medication will be kept in a locked cabinet or other safe place at each school.
- IV. The School Nurse maintains an accurate medication file which includes all the necessary written forms on each student receiving a medication.
Periodic review of the written instructions will be made annually by the School Nurse
Daily records on administering medications are maintained in the office of each school. This record includes type of medication, dosage, date, time given and duration.
- V. Administration of medication will be by the School Nurse or trained personnel designated by the building principal.
- VI. It is the obligation of the parent/ guardian to provide written notice from the physician of any changes in dosage or discontinuation of medication.
- VII. For the safety and protection of students, natural products will not be given in the school setting, unless approved by the FDA and the following criteria are met:
1. A properly labeled container is provided
 2. Use for children is indicated
 3. Appropriate dosing for children is clearly stated.
 4. Possible side effects are listed
 5. Parent/ guardian signature is provided.
 6. Students physician will be notified of parent/ guardian request for natural products to given at school to verify safe use with any currently prescribed or over the counter medication the student is taking.

NO MEDICATION WILL BE GIVEN IF PROPER PROCEDURE IS NOT FOLLOWED.



FREEDOM AREA SCHOOL DISTRICT
HEALTH SERVICES

N4021 County Rd E, Freedom, WI 54130-7593
Phone- (920)788-7944 Fax- (920)788-7949

ADMINISTRATION OF MEDICATION CONSENT

One form required for each medication given at school. New forms required for changes in medication, dosage, or time.

Student Name: _____ DOB: _____

School: _____ Grade: _____

Medication Name/ Strength: _____
 Prescribed**
 Non- Prescribed

Dosage: _____ Route (how given): _____ Time to be given: _____

Should medication be given on early release days (check one): Yes No If Yes, what time: _____

Date Effective: School Year _____ or Specific Dates _____ to _____
(check one)

Medication expiration date, if listed on medication: _____
(expired medication cannot be administered at school)

If "as needed," list conditions under which medication should be given: _____

Possible side effects: _____

****Prescribing Practitioner authorization is REQUIRED for all medications that are: prescription, non-FDA approved or in dosages that exceed typical recommendations.**

****Prescribing Practitioner's Name:** _____
(please print)

Phone: _____ Fax: _____

****Prescribing Practitioner's Signature:** _____
(please sign)

I hereby give my permission to school personnel to give this medication to my child according to the directions stated above and to contact the child's practitioner if necessary. I further agree to hold the Freedom Area School District, its staff, and the person named above harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school in writing when any change in the above order is necessary.

(Signature of Parent)

(Date)

Home Phone: _____ Cell Phone: _____

Work Phone: _____