

SCHOOL DISTRICT OF WAUPACA

SERIES 400 STUDENTS

CODE: 453.4R1

ADMINISTERING MEDICATION PROCEDURES

1. No medication will be administered by school personnel without the Medication Consent/Physician Order for Medication Administration Form being filled out and returned to the individual administering the medication, the school principal, or school nurse.

The Medication Consent/Physician Order for Medication Form must be filled out the parent/legal guardian and the prescribing physician and returned to the individual administering the medication, the school principal, or school nurse.

2. Medication to be given in the school must have the following information printed on the container:
  - a. child's full name
  - b. name of drug and dosage
  - c. time to be administered
  - d. prescribing physician's name
  - e. pharmacy label
3. Medication will be offered to the child at the designated time administered by the school nurse, health aide, or, if unavailable, by other designated school personnel. If the child refuses, the parents should be informed.
4. Only limited quantities of any medicine are to be kept at school.
5. All medication administered at the school will be kept in a locked cubicle, drawer, or other safe place.
6. The length of period for which the drug is to be administered shall be contained in the written instructions from the prescribing physician, and further written instructions must be received from the physician if the drug is to be discontinued or the dosage or time it is to be administered is changed from the original instructions.
7. An accurate and confidential system of record keeping shall be established for each pupil receiving medication.
  - a. It is advisable to have in the principal's or school nurse's office a list of pupils needing medication during school hours, including the type of medication, the dose, and the time to be given. this list should be updated periodically.
  - b. An individual record for each pupil receiving medication shall be kept, including the type of medication, the dose, time given and name of school personnel administering medication.
  - c. School personnel are asked to report any unusual behavior of pupils on medication.

8. School Personnel should under no circumstances provide aspirin or other non-prescription medicine to students without meeting all the criteria in one to six above, including the necessity of having written authorization from the pupil's physician. Diagnosis and treatment of illness and the prescribing of drugs are never school responsibilities and should not be undertaken by any school personnel.
9. New prescriptions must be received annually for pupils on yearly medication.
10. Parents may sign a release form allowing their child to take his/her own medication. The following criteria must be met:
  - a. Release from Responsibility for Self-Administration of Medication must be completed by the parent/guardian and on file in the health office in the building the student attends.
  - b. Only one day's dosage of medication may be brought to school, and must be in an envelope, sealed, and clearly marked with student's name, and the name of the medication.
  - c. Controlled substances; ie: ritalin, cylert, etc. may not be handled under the self-admit policy.

**ADOPTED:** 091184

**REVISED:** 041294, 050995

**REVIEWED:**

**LEGAL REFERENCE:** Wis. Stats. 118.29

**CONTRACT REFERENCE:**

**CROSS REFERENCE:**

The School District of Waupaca does not discriminate on the basis of sex, race, religion, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.

**PHYSICIAN'S & PARENT'S REQUEST  
FOR GIVING MEDICINE AT SCHOOL (WIS. STAT. 118.29)**

I request that school personnel administer medication to \_\_\_\_\_

\_\_\_\_\_ as follows (name of drug, dosage,  
frequency, and duration):

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\*Please contact the physician if the following occurs:

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DATE: \_\_\_\_\_

Signature of Physician

DATE: \_\_\_\_\_

Signature of Parent or Guardian

All medication must be sent in a current prescription bottle with label containing the following information: Name of student, name of pharmacy, name of physician, medication, dosage, and frequency.

**SCHOOL DISTRICT OF WAUPACA**

**RELEASE FROM RESPONSIBILITY FOR SELF-ADMINISTRATION OF MEDICATION**

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

I, \_\_\_\_\_, hereby give authority for \_\_\_\_\_  
name of parent/guardian name

\_\_\_\_\_ to take his/her \_\_\_\_\_  
of student name of medication

during school hours. I also release the school from any responsibility regarding medication errors incurred during school hours. I further understand that my child may only bring one day's dosage in an envelope with their name (student) and the name of the medication printed clearly on the outside of the envelope.

\_\_\_\_\_  
Date Signature of Parent/Guardian