

IMPORTANT NOTICE ABOUT MEDICATIONS AT SCHOOL

St. Paul's Ev. Lutheran School, Onalaska, Wisconsin, has instituted a policy for the administration of medications at school. The purpose of this is to ensure the well-being of the child through the administration of the medication safely and within the limits of the law. In most cases office staff, not nurses, administer the medications and strict adherence to the policy is required. The policy requirements outlined below apply to all medications, including those which are needed only for a short time, such as antibiotics:

Policy Highlights for Administering Medications at School

- 1) **All medication (including non-prescriptions)** must be provided to the school in the original container and the container must be labeled with:
 - a. The name of the medication
 - b. The dosage
 - c. The time it should be taken
 - d. The students name
 - e. The doctor's name (for prescriptions)

- 2) **A medication consent form**, available from the school office, must be signed by the parent/guardian before any medication (prescription or non-prescription) may be taken at school.

- 3) **For prescription medication, an Order for Medication (signed by the doctor)** must be provided to the school before the medication may be taken at school. This is required even for short term medications. Ask your doctor for this whenever he/she orders a medication which your child may have to take at school.

- 4) **Any changes in medication (for example, the dosage, the time it is taken, etc.) must be registered in writing.** If the medication is a prescription, a new Order for Medication must be completed and signed by the doctor. In addition, the medication must be provided to the school in a container which has been properly labeled by the pharmacist so that the information on the label is consistent with the new Order for Medication.

Aspirin or medications containing aspirin should be used with great caution in school-age children because of its association with Reye's syndrome. For this reason, parents are asked to obtain an Order for Medications, signed by a physician, before school staff administers medications containing aspirin.

If your child has asthma and needs an inhaler, please discuss with your physician whether or not the child should carry and self-administer the medication. If he/she should, the physician must indicate this on the *order for medication and the form should still be returned to school even though the student will be self-administering the medication.*

Please avoid scheduling medications to be taken at school whenever possible. When this is not possible, we are happy to help by administering it at school as long as the policy requirements have been met. If you have any questions, please contact Benjamin Bain, the Principal, at 783.4822 ext 222.

ST. PAUL'S EV. LUTHERAN SCHOOL
SCHOOL MEDICATION/AUTHORIZATION PROCEDURE FORM

Please check: Medication Treatment

STUDENT INFORMATION:

Student Name

Birthdate

Medication/Describe Procedure (oral, inject, inhalation (other))

Dosage

Time/Frequency

School Year or Effective Dates

Student's Physician

Reason for Medication/Procedure

**NOTE: For prescription medication: Signed Parent Consent and signed Physician's Order required.
For non-prescription medication: Signed Parent Consent required.**

PARENT CONSENT: *Complete for EACH MEDICATION/PROCEDURE at school*

I request that this medication/procedure be administered at school.

Medication must be supplied in its original, properly labeled container.

This order is in effect for this school year unless otherwise indicated.

I will notify the school in writing for any changes and obtain a new physicians order.

I authorize school personnel to contact my child's physician if needed.

As part of the Wisconsin Statute Chapter 118.29, school districts are required to have permission from a medical provider to administrate medications at school. As part of the authorization form, school district employees may contact the medical provider and parent regarding questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication (s) listed above.

***The school personnel have my permission to administer this medication/treatment as indicated above.
I release St. Paul's from any liability claims as a result of the administration of this medication or procedure as directed.***

Date

Parent/Guardian Signature

Telephone #

PHYSICIAN ORDER: *Complete for EACH MEDICATION/PROCEDURE at school*

The above medication/procedure is to be administered during the school day in accordance with the above instructions.

Please contact me if the following symptoms occur: _____

Additional information: _____

For Asthma inhalers ONLY – Student may carry inhaler in school YES/NO

Date

Physician's Signature

Telephone #