

Denmark School District Policy
Administration of Medication in School
Revised 5/99

Ideally, all medication should be given at home; however, occasionally a student would be able to attend school if a required medication could be given during school hours. In order to meet the student's needs, the following medication policy guidelines are necessary.

No prescription medications will be administered by administered by school personnel until the following forms are completed and returned to school:

1. Parental Medical Consent Form
2. Physician Request for Medication Administration Form

No non-prescription medications (over-the-counter) medications will be administered by school personnel until the following form is completed and returned to school:

1. Parental Medical Consent Form

Other Requirements:

- **All medications will be dispensed from the office.** Students are not allowed to carry medication on their person for their safety as well as the safety of the other students. Students requiring medication at school shall be identified by parents to the principal or school office.
- **Medication must be sent to school in the prescription bottle for prescribed medicine and the original container for over-the-counter meds.** Please do not send medication in envelopes, plastic bags or other containers. Pharmacies will prepare a separate bottle of medication for school use, just ask them.
- **Parental and Physician consent forms,** as well as copies of the entire medication policy are available through the school offices.

Please contact me with any questions or concerns you may have at 863-4032.

Cindy Weller R.N.
Denmark District Nurse

PARENT/GUARDIAN MEDICATION REQUEST FORM

Full name of child to be medicated: _____

Grade: _____

Name of drug and dosage to be given: _____

Hour(s) medication is to be given: _____ Number of days: _____

Physician prescribing medication: _____ Phone: _____

Reason for medication: _____

I hereby give permission for school personnel to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child’s physician. I agree to hold the Denmark School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.

Signature of Parent/Legal Guardian

Date

Address

NOTE

Before prescribed medication(s) will be administered by the school, a **Physician Request for Medication Form** shall be completed and returned to the school principal or school nurse. This completed form shall be accompanied by the **Parent/Guardian Medication Request Form**.

This form (Parent/Guardian Medication Request) must also be completed for the administration of non-prescription (over-the-counter) medications.

All medications will be dispensed from the office. Students are not allowed to carry medication on their person, for their safety as well as the safety of other students.

Students needing emergency inhalers are allowed to carry them ON THEIR PERSON, but need to have their physician indicate this on the Physician Request Form. Please notify Cindy Weller RN, District Nurse at 920-863-4032, if the student will be carrying the emergency inhaler.

Source: Denmark High School
450 N. Wall Street
Denmark, WI 54208

PHYSICIAN'S REQUEST FOR MEDICATION ADMINISTRATION FORM

Date Order Effective: _____
To: _____

To: Designated High School Employee - Sheri Kittell Fax 920-863-8856

Name of Student: _____ Phone: _____

Address: _____

School: _____ Grade: _____ Teacher: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Diagnosis: _____

Medication/dose/route/frequency/duration _____

Medication/dose/route/frequency/duration _____

Check One: _____ Short Term _____ Long Term

If a student will be keeping an emergency inhaler on his/her person, please indicate here:
_____ Yes _____ No

State the specific conditions under which contact should be made with you in relation to the condition or reactions of the student receiving the medication.

NOTE

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by the non-medically trained designated school employee and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in language of the lay person.

Signature of Physician

Date

Source: Denmark School District
450 N. Wall Street
Denmark, WI 54208