

## MEDICATION/PROCEDURE AUTHORIZATION

Student's Name:		D#:			Date of Birth:
School: Diagnosis 1:					Grade:
Parent Permission am requesting that my child, ndicated and as designated by his/her health can		,	receive pr	escription	medication(s) or procedures at the t
am responsible for bringing the prescription in m responsible for maintaining a sufficient an interruption or discontinuation of medication ac ne prescribed medication(s) or allow the procedu	nount of medicated ministration/med	tion(s) and/or lical procedure	supplies a	at the sch child. I und	ool. Failure to do so will result in derstand that, if my child refuses to
school personnel have permission to communicate cribed. I can rescind my permission at any to		health care pr	ovider reg	garding th	ne medication(s) and/or the proceed
My signature verifies that I have read this form a n the Parent/Student Handbook on Rights, Resp			Administr	ration of M	Medication and Procedures can be fo
Signature of Parent/Legal Guardian		Phone Number			Date: (Month/Day/Year)
Health Care Provider Authorization: am prescribing the following medication and p	procedures for the	above student	to be adn	ninistered	or performed at school.
AILY	Danasa/	T:(a)	Ctout	Chara	Possible Adverse
Name of Daily Medication (Generic and Trade Name)	Dosage/ Frequency	Time(s) (AM/PM):	Start Date	Stop Date	Side Effect or Contraindications:
RN					
Name of PRN Medication	Dosage/	Time(s)	Start	Stop	Possible Adverse
(Generic and Trade Name)	Frequency	(AM/PM):	Date	Date	Side Effect or Contraindications:
PROCEDURES					
Name of Procedure	Dosage/	Time(s)	Start	Stop	Monitoring Parameters
CIC, glucose checks, suctioning, etc.):	Frequency	(AM/PM):	Date	Date	
he above orders shall be valid for one year fro		•		-	
The above orders shall be valid for one year from the hanged or withdrawn in writing by the health contact the health Care Provider's Signature	care provider or page	•	before that	-	



## Parent Responsibilities for Administration of Medication at School

Whenever possible, prescriptions medication should be administered to school children by parent/guardian at home. Should it be necessary to administer prescription medications during the school day, the school principal and/or other persons designated in writing by the school principal, may administer prescribed medications to students under the following established conditions:

- 1. Prescription medications will not be administered to a student by any Milwaukee Public Schools personnel unless *MEDICATION/PROCEDURE AUTHORIZATION* form is completed by the prescribing health care provider and on file in the school. The only exception to this is the emergency medication Epinephrine administered per MPS Nursing protocol.
- 2. The MEDICATION/PROCEDURE AUTHORIZATION form requires:
  - Clearly written instructions for medication administration signed by the health care provider
  - The time during the school day that the medication is to be administered
  - The dosage amount
  - The parent/guardian's signed consent
- 3. The *MEDICATION/PROCEDURE AUTHORIZATION* form can be obtained at the school office during normal school hours of operation. It is the parent/guardian's responsibility to have the *MEDICATION/PROCEDURE AUTHORIZATION* form completed and on file in the school before any medication can be administered to the student at school. The form is also available on the MPS website, search "Medication Procedure Permission Form"
- 4. The *MEDICATION/PROCEDURE AUTHORIZATION* form is effective for one year from the date of signature by the health care provider, unless the orders are discontinued, changed or withdrawn in writing by the health care provider or parent/guardian before that time elapses.
- 5. If there is a change in the medication, its dosage amount, or the time it is to be administered, you must obtain a new *MEDICATION/PROCEDURE AUTHORIZATION* form and have it filled out by the health care provider and on file in the school. No change in medication administration dosage can be permitted without appropriate authorized forms.
- 6. All medications must be brought in to school by a parent/guardian. Prescription medication(s) must be in a pharmacy-labeled container and clearly identify the student, medication, and dosage. Over-the-counter medication(s) must be in their original manufacturer container. When a controlled substance is brought to school, the quantity of medication should be verified and co-signed by the school administrator or other staff on the back of the Medication Administration Record (MAR). A parent or guardian may also observe the count and sign the back of the MAR.
- 7. When a prescribed medication is discontinued, it is the responsibility of the parent to notify the school principal or designee (i.e., Nurse) who will in turn fax an "Request to Discontinue Medication Administration at School" form to the health care provider.