

Warsaw R-IX School District
Medication Administration Form
2018-2019

Parent/Guardian:

I request the nurse or designated school staff to give:

Name of Student: _____ Grade: _____ Known Allergies: _____

Name of Prescribed Medication: _____ For Treatment of: _____

Exact Dosage: _____ Time: _____

Date to Begin: _____ Date to End: _____ Pharmacy: _____

Rx#: _____ Prescribing Physician: _____ Physician's Phone #: _____

Has the student been given the first dose of this medication? Yes _____ No _____

Are there any restrictions and or side effects? Yes _____ No _____

I give the district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any of the information on this form changes.

Parent/Guardian Signature

Date

Home Phone or Cell Number

Work Phone Number

Date

Amount Received

Signature

Warsaw R-IX School District Medication Policy

Medication will be administered when the following requirements are met:

1. All medications must be delivered to the school in a current prescription bottle or original container.
2. The student's physician will provide a written request that the student be given the medication during school hours, the original bottle with the original label may serve as the physician's orders. The label must include the student's name, the name of the drug, dose and time of dosage, reason for medication, route of administration and possible adverse reactions.
3. All medications that are administered to the student by the school, must have a Medical Administration Form, completed by the parent/guardian.
4. All medications must be supplied by the parent/guardian in the original bottle.
5. All controlled medications must be delivered by the parent/guardian.
6. Any medication left at school for more than 30 days after the needed doses have been given, will be destroyed by the nurse and principal or 2 licensed nurses.
7. A physician may take written recommendations that individual students with certain chronic diseases assume responsibly for their own prescription medication as part of accepting self-care, e.g. bronchodilators for asthma. Parents/Guardians must make a written request, and complete an asthma action plan with the nurse's office.
8. The school WILL NOT give the first dose of any medication.
9. The school district shall not knowingly administer medication that exceeds the recommended daily dosage listed in the Physician Desk Reference or other recognized medical or pharmaceutical text.

Please contact the nurse's office of your school if you have any questions.