

**MARION SCHOOL DISTRICT**  
**School Medication Administration Authorization Form**

I hereby request Marion School District personnel to administer medications directed by this authorization. I agree to hold harmless Marion School District and any of their officers, staff members, or agents from any lawsuits or claims arising from the administration of medication, provided Marion School District staff comply with the medical provider, parent/ guardian orders set forth in accordance with the provision below. I have read the procedures outlined on the back of this form and assume responsibility as required. Each medication and student requires a separate form.

**Student's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**For PRESCRIPTION medication, this section to be filled out by medical provider.**

**Medication:** \_\_\_\_\_  
(i.e. ibuprofen)

**Dose, route, frequency and time to be administered at school:** \_\_\_\_\_  
(i.e 200mg by mouth every 4-6 hours as needed)

**Diagnosis or reason for medication:** \_\_\_\_\_  
(i.e. for pain)

**Allergies:** \_\_\_\_\_

**Possible side effects/special instructions:** \_\_\_\_\_

Order valid until: \_\_\_\_\_ OR  2017-2018 school year/summer school  
\*\*A new medication authorization form is required at beginning of each new school year for each medication or when a medication/dosage change occurs

- Student has been instructed by medical provider in self-administration and may carry the inhaler with them
- Student has been instructed by medical provider in self-administration and may carry the Epi-Pen with them

**Medical Provider order and signature required for PRESCRIPTION MEDICATION.**

As part of the authorization form, school district employees may contact the medical provider, who may release health information regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.

\_\_\_\_\_  
**Licensed Medical Provider Signature** ( Licensed Medical Provider Name (Printed) **Date**

\_\_\_\_\_  
**Clinic/Organization** **Phone #** **Fax #**

\_\_\_\_\_  
**Parent/Guardian Signature** **Daytime Phone #** **Date**

# MARION SCHOOL DISTRICT

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have a parent/guardian signature **and** a healthcare provider signature.
2. Medication must be kept in the school or other school-approved location during the school day. **The parent or guardian must transport medications to and from school.**
3. No medication will be accepted by school personnel without receipt of completed and appropriate medication forms.
4. A medical provider may use office stationery or a prescription pad to write medication order in lieu of completing the medication administration authorization form.
5. All prescription medications **must** be in their original containers and labeled by a physician or pharmacist.
6. **The first dose of any new medication should be given at home.**
7. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time there is a change in the medication, dosage or time of the medication to be given at school.
8. Medication kept at the school will be stored in a locked area accessible only to authorized personnel.
9. Within one week after expiration date of the physician order or on the last day of school; the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that time period will be destroyed.
10. The student is to come to the office, or to a predetermined location, at the prescribed time to receive the medication. Parents should develop a plan with the student to ensure that the student goes to the office at the appropriate time. **Medication can be given no more than one hour before or after the prescribed time.**
11. The Marion School District does not assume responsibility for authorized medication taken independently by the student.
12. In no case may any health or school staff member administer any medication outside the framework of the procedures outlined here, in school policy or state law.

### Asthma

**Wisconsin Statute 118.291 allows students with asthma to possess and use metered dose and dry powder inhalers with written permission from their physician and parent/guardian.**

Recognizing a student's asthma symptoms and knowing what to do when an asthma emergency occurs is extremely important. **At the beginning of the school year, each student with asthma should have an asthma action plan developed by the parent and the child's physician.** The plan should include clear instructions for school staff on the student's asthma care needs and medications prescribed as well as the appropriate steps to take in the event of an asthma emergency. **\*Please submit your child's asthma action plan from the medical provider to school.**