



Medication Procedures and Consent Form

2019-2020 School Year – 1 per child per medication
(optional, fill out if necessary)

Most medications can and should be taken at home. However, if your child needs medicine during the school day, please read and follow the guidelines below, complete the **Consent Form** on the bottom half of the page, and bring to school with your child's medication. This form serves as authorization for an employee of Wingra School to administer prescription or non-prescription medication to your child. A separate form is needed for **each medication** your child takes.

- **Administration of Medication:** All medicine must be administered by an employee of Wingra School. We do not allow students of any age to administer themselves medicine. We maintain a medication file with a log of the medication given, including type, dosage, date, and time of each administration, along with the name of the person administering the medicine.
- **Instructions and Labeling:** Please provide detailed instructions on how to administer your child's medicine. Prescription medication must be in its original container and clearly labeled with: Child's Name, Medication, Physician, Dosage, and Date. Non-prescription medication must be labeled with your child's name and dosage.
- **Storage of Medicine:** We keep all medicine administered at school in a secure, locked place in the school office. Children are not to keep medicine in their lockers, lunchboxes, backpacks, etc. Please let us know if the medicine needs to be refrigerated.
- **Physician orders for medication administration:** Please provide the school with the physician's order for medication administration, signed and dated by the prescribing physician, when possible. This helps us know under what conditions the medicine is to be administered, the side effects, and the physician's responsibility for directing, supervising, and overseeing the administration of medication. If a medication is prescribed on an "on-going" or "as-needed" basis, we ask that a physician complete a form stating so. If parents forget to supply the physician with a form, we may send one to that physician from the school. For ease in administration, we prefer that physicians arrange the medication schedule so that medicine may be given at lunchtime.
- **Aspirin:** Because of the danger of Reye's Syndrome, Wingra personnel feel strongly about not giving aspirin (or children's aspirin) to students. Please talk with the school if this is a medication your child needs.

.....

Parent/Guardian Medication Consent Form

Name of child: _____ Room: _____

Name of physician ordering the medication: _____

Physician's address: _____ Phone: _____

Name of medication: _____ Dosage: _____

Beginning date: _____ Ending Date: _____ Time(s) to be given: _____

Reason for medication: _____

Who on staff will be administering the medication (to be filled out by Wingra personnel)? ___ Admin Team ___ Teaching Staff

I hereby grant permission for a Wingra staff member or other adult authorized by a Wingra staff member to administer medication to my child according to the directions stated above and further authorize them to contact my child's physician.

Parent/Guardian Signature _____ **Date:** _____