

OVER-THE-COUNTER MEDICATION FOR SCHOOL: What You'll Need

MEDICATION ADMINISTRATION INFORMATION
Middleton Cross Plains Area School District

Student Name: _____ Birth date: _____ Grade/Teacher: _____
Parent/Guardian Name: _____ Phone: _____

PRESCRIPTION MEDICATION

Diagnosis:

Medication	Dose	Route	Time	Start Date	End Date	Side effects to report to practitioner

If the student has an inhaler, may self carry and self administer the inhaler _____ Yes _____ No
Practitioner* Name: _____ Phone: _____
Practitioner Signature: _____ Date: _____
*Definition of practitioner: physician, physician assistant, advanced practice nurse, optometrist, dentist, podiatrist or chiropractor.

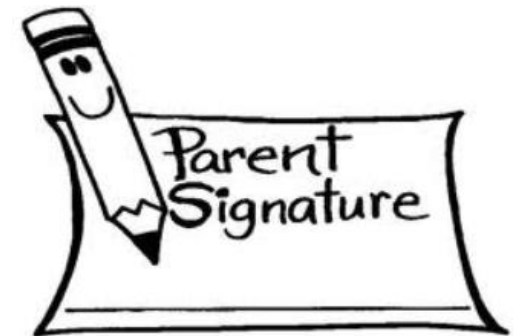
NON-PRESCRIPTION MEDICATIONS
Non-prescription medication will only be administered in accordance with product instructions. If long term use or a different dosage (outside of age & weight appropriate) is needed a practitioner order (ANI) signature is required.

Medication	Dose	Frequency	Start Date	End Date

I agree to hold Middleton Cross Plains Area School District, its employees and agents who are acting within the scope of their duties harmless to any and all claims arising from the administration of medication as described above at school. I hereby give permission to the school nurse to contact the practitioner as needed. I hereby give permission to the school nurse to contact the child's physician, if needed. I give consent for this information to be shared with relevant staff. I agree to contact the school nurse if any change occur with the above request.

I understand that for safety reasons, ALL medication (prescription or non-prescription) has to be in the original container. I further understand it is my responsibility to inform the school nurse of any change to any child's medications.

Guardian Signature: _____ Date: _____
School Nurse Signature: _____ Date: _____



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MEDICATION FORM (On district website)

Fill out the lower half of the form.
Dosing instructions need to match the
bottle's recommendations.

MEDICATION

(In original container/box - not expired)

Check dosing instructions on the bottle. If outside of
age/dose recommendation, you will need a physician's
signature approving the dose or you can buy the
children's form of the medication with age/dose
appropriate recommendations.

PARENT/GUARDIAN SIGNATURE

Sign and date bottom of the medication
form.

Medication Form:

<http://www.mcpcasd.k12.wi.us/sites/www.mcpcasd.k12.wi.us/files/content/node/280/health-forms-and-downloads/medicationadmininfo.pdf>