



Medication Authorization

Student Health Room: 414-649-2826

Fax: 414-389-5118

email:healthnurse@bgcsedu.org

Part 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:		Parent/Guardian:
Birthdate:	Age:	Preferred Language:
Grade/Class:		Phone Number:

I give consent for school personnel to administer prescribed medication as directed by the medical provider as described below (part 2). I authorize communication between the prescribing health care provider, the school nurse, and other school personnel necessary for the management and administration of this medication and health condition. I have read the **Medication Rules at School** and assume responsibilities as required.

Parent/Guardian Signature: _____ Date: _____

Part 2: TO BE COMPLETED BY MEDICAL PROVIDER

USE A SEPARATE SHEET FOR EACH MEDICATION

Medication: _____ Diagnosis: _____

Dosage: _____ Route: _____ Time(s) to be given/frequency: _____

If PRN, specify when indicated (signs/symptoms): _____

Side effects: _____

Actions to take if observed: _____

- Due to the need for this child to have this medication immediately accessible, I recommend they be allowed to have this medication in their possession and to use it as prescribed. Yes No
- This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it. Yes No

Practitioner Printed Name: _____ Phone: _____

Clinic/Address: _____ Fax: _____

Practitioner Signature: _____ Date: _____

Part 3: TO BE COMPLETED BY THE STUDENT IF APPROVED FOR SELF -CARRY/SELF-ADMINISTER

I agree to only carry and take the prescribed doses of the above medication and follow the *Medication Rules at School*. I will not share my medication with anyone and I understand that if I do I will lose my self-carry privilege permanently.

Student Signature: _____ Date: _____

Part 4: TO BE COMPLETED BY THE HEALTH AIDE/ADMINISTRATIVE ASSISTANT/NURSE

Verify all when medication is delivered to school:

- Parts 1 and 2 above are completed, including signatures
- Prescription medication is in original packaging with pharmacy label
- Medication label and Medication Authorization match

If any of the above boxes cannot be checked, medication and form must be immediately given back to the parent.

Staff signature: _____ Date: _____



Medication Rules at School

Medications should be administered at home whenever possible. If it is necessary for a student to take medication at school, this may be done if the following conditions have been met:

- Parents/guardians are responsible for obtaining any needed information from the student's medical provider, including the medical provider's signature. It is the responsibility of the parents/guardian to complete the consent/medication forms and written instructions for giving medication every school year and when medications change.
- State law (Wis. Statute 118.29) governs the administration of medication to students while in school. Specifically, any school employee may administer medication in accordance with the manufacturer's instructions with written consent from the parent/guardian. If prescription medication, the prescribing medical provider's signature is required. Students may only carry and self-administer certain medications as listed in State law when parental consent and the Medication Authorization form includes the prescribing provider's authorization to do so. Students are required to administer the medication under the supervision of school staff.
- Parents/guardians must deliver all medication to their student's office and stay until office staff have verified all consent forms are completely filled out. For controlled substances, a medication count must also be completed.
- **Medications CANNOT be brought in by the student.**
- All medication must be in the original container and must have the prescription label or the manufacturer's instructions (if over the counter) clearly visible. The prescription label or the manufacturer's instructions (if over the counter) must match what is written on the Medication Authorization form. If the medication is also needed at home, ask your pharmacist to divide the doses for school and home use.
- Parents/guardians must pick up any unused medication by the end of the last day of school (or the last day of school their student will attend). Any medication not picked-up will be destroyed. No medication will be stored over the summer.
- All medications sent to school against these rules will be confiscated and disposed of in accordance with Wisconsin State Law.

It may be necessary to share medical information with appropriate school staff to ensure proper administration of this medication. This information may also be shared with medical staff in the event of an emergency requiring transport to a health care facility.



Autorización de medicamentos

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Parte 1: PARA SER COMPLETADA POR EL PADRE/TUTOR

Nombre del Estudiante:		Padre/Guardián:
Fecha de nacimiento:	Edad:	Idioma preferido:
Grado/Clase:		Número de teléfono:

*Doy mi consentimiento para que el personal de la escuela administre los medicamentos recetados según las indicaciones del proveedor médico como se describe a continuación (parte 2). Autorizo la comunicación entre el proveedor de atención médica que receta, la enfermera escolar y otro personal escolar necesario para el manejo y administración de este medicamento y condición de salud. He leído las **Reglas de Medicamentos en la Escuela** y asumo las responsabilidades requeridas.*

Firma del Padre/Guardián: _____ Fecha: _____

Parte 2: PARA SER COMPLETADO POR EL PROVEEDOR MÉDICO UTILICE UNA HOJA SEPARADA PARA CADA MEDICAMENTO

Medication: _____ Diagnosis: _____

Dosage: _____ Route: _____ Time(s) to be given/frequency: _____

If PRN, specify when indicated (signs/symptoms): _____

Side effects: _____

Actions to take if observed: _____

- Due to the need for this child to have this medication immediately accessible, I recommend they be allowed to have this medication in their possession and to use it as prescribed. Yes No
- This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it. Yes No

Practitioner Printed Name: _____ Phone: _____

Clinic/Address: _____ Fax: _____

Practitioner Signature: _____ Date: _____

Parte 3: PARA SER COMPLETADO POR EL ESTUDIANTE SI APROBADO PARA AUTOADMINISTRACIÓN

Estoy de acuerdo en llevar y tomar solo las dosis prescritas del medicamento anterior y seguir las Reglas de Medicamentos en la Escuela. No compartiré mi medicamento con nadie y entiendo que, si lo hago, perderé mi privilegio de autotransporte permanentemente.

Firma del Estudiante: _____ Fecha: _____

Parte 4: PARA SER COMPLETADO POR LA ASISTENTE DE SALUD/ASISTENTE ADMINISTRATIVA/ENFERMERA

Verify all when medication is delivered to school:

- Parts 1 and 2 above are completed, including signatures
- Prescription medication is in original packaging with pharmacy label
- Medication label and Medication Authorization match

If any of the above boxes cannot be checked, medication and form must be immediately given back to the parent.

Staff signature: _____ Date: _____



Reglas de Medicamentos en la Escuela

Los medicamentos deben administrarse en casa siempre que sea posible. Si es necesario que un estudiante tome medicamentos en la escuela, esto se puede hacer si se cumplen las siguientes condiciones:

- Los padres/guardianes son responsables de obtener cualquier información necesaria del proveedor médico del estudiante, incluido la firma del proveedor médico. Es responsabilidad de los padres/guardianes completar los formularios de consentimiento/medicamentos y las instrucciones escritas para administrar medicamentos cada año escolar y cuando cambien los medicamentos.
- La ley estatal (Estatuto de Wisconsin 118.29) gobierna la administración de medicamentos a los estudiantes mientras están en la escuela. Específicamente, cualquier empleado de la escuela puede administrar medicamentos de acuerdo con las instrucciones del fabricante con el consentimiento escrito del padre/guardián. Si se trata de medicamentos recetados, se requiere la firma del proveedor médico que los recetó. Los estudiantes solo pueden llevar y autoadministrarse ciertos medicamentos como se indica en la ley estatal cuando el consentimiento de los padres y el formulario de Autorización de Medicamentos incluyen la autorización del proveedor que los receta para hacerlo. Se requiere que los estudiantes administren el medicamento bajo la supervisión del personal de la escuela.
- Los padres/guardianes deben entregar todos los medicamentos en la oficina de su estudiante y quedarse hasta que el personal de la oficina haya verificado que todos los formularios de consentimiento estén completados. Para sustancias controladas, también se debe completar un conteo de medicamentos.
- **Los medicamentos NO pueden ser traídos por el/la estudiante.**
- Todos los medicamentos deben estar en el envase original y deben tener la etiqueta de prescripción o las instrucciones del fabricante (si son de venta libre) claramente visibles. La etiqueta de la receta o las instrucciones del fabricante (si es de venta libre) deben coincidir con lo que está escrito en el formulario de Autorización de Medicamentos. Si el medicamento también se necesita en el hogar, pídale a su farmacéutico que divida las dosis para uso escolar y doméstico.
- Los padres/guardianes deben recoger cualquier medicamento no utilizado al final del último día de clases (o el último día de clases al que asistirá su estudiante). Cualquier medicamento que no se recoja será destruido. No se almacena ningún medicamento durante el verano.
- Todos los medicamentos enviados a la escuela en contra de estas reglas serán confiscados y eliminados de acuerdo con la Ley del Estado de Wisconsin.

Puede ser necesario compartir información médica con el personal escolar apropiado para garantizar la administración adecuada del medicamento. Esta información también se puede compartir con el personal médico en caso de una emergencia que requiera transporte a un centro de atención médica.