

MEDICATION/TREATMENT REQUEST

Barneveld School District

Please check: Medication Treatment

All portions of this Medication/Treatment Request form must be completed before medication can be administered by school district personnel. Incomplete forms may result in the form being returned for full completion.

Student _____ School _____

Child's Date of Birth _____ Grade _____ Teacher _____

Name of Medication _____

Describe Treatment and Procedure _____

Dosage _____ Time(s) to be given _____

How to be given _____

oral, injection, inhalation (other)

Reason for Medication _____ Date of Discontinuation _____

Explain possible reactions or other instructions _____

Healthcare Provider's Name _____ Healthcare Provider's phone # _____

(please print)

The school personnel have my permission to administer this medication/treatment as indicated above.

I agree to hold the Barneveld School District, its employees or agents who are acting on this request, harmless in any and all claims arising from the administration of this medication/treatment at school. I also agree to inform the school immediately and in writing of any change or discontinuation of this order. I shall pick up unused portions of the medication/treatment within three (3) business days of discontinuation, if student moved out of the district, or at the end of the school year. I acknowledge that the medication/treatment supplies will be destroyed if it has not been picked up after a 10-day period following notification.

Parent/Guardian Signature

Date

Home Phone No.

Work Phone No.

HEALTHCARE PROVIDER AUTHORIZATION

The healthcare provider whose signature follows hereby authorizes school personnel to administer medication/treatment as prescribed and also agrees to accept communication regarding the administration procedures. It is understood that the medication/treatment will be given by non-licensed, but specially trained personnel, and *the reason(s) that the medication/treatment must be given during the school day should be given.* Temporary orders (except controlled substances) from healthcare providers written on prescription pads or faxed will be accepted for a period of seven days from the date of the order. Prescription inhalers may be carried by the student per section 118.291 (Wis. Stats.) with written signature from a healthcare provider and parent/guardian.

Medical rationale for medication/treatment to be given during the school day: _____

Healthcare Provider's Signature

Phone #

Date