

# 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