



Tigerton School District

Medication Administration Consent

☐ Tigerton Elementary School 715-535-4051
(Fax) 715-535-1301

☐ Tigerton Middle/High School 715-535-4001
(Fax) 715-535-4010

Student Name: _____ Date of Birth: _____ Grade: _____

Medication Name/Strength: _____

Dosage: _____ Route: _____

Time(s) to be given:

☐ Before School

☐ Lunch

☐ PRN - Frequency _____ For what symptoms _____

☐ Other: _____

Effective Date:

☐ Entire School year, including summer school (if applicable)

☐ Start Date: _____ End Date: _____

****A new medication authorization form is required at the beginning of each school year for each medication or when a medication/dosage change occurs****

Diagnosis/Reason for Medication: _____

Special instructions: _____

Relevant side effects for which we should contact you: _____

If **INHALER**, may carry & self-administer ☐ Yes ☐ No

If **INSULIN**, may carry & self-administer ☐ Yes ☐ No

PARENT/GUARDIAN AUTHORIZATION - I hereby request Tigerton School District personnel to administer medications directed by this authorization. I agree to hold the Tigerton School District and its employees and agents harmless in any or all claims arising from the administration of the medication at school, provided Tigerton School District staff comply with the medical provider and parent/guardian orders set forth in accordance with the provision below. I hereby give permission to the school staff or nurse to contact the provider if necessary. I have read the medication guidance outlined on the back of this form and assume responsibility as required.

Parent Name (please print): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN AUTHORIZATION - I acknowledge by my signature that I will assist and advise designated school personnel with regard to the medication administration described above, which includes accepting direct communication. I further understand that if the student is allowed to self-administer medication that proper instruction has been given.

Medical Provider Name (please print): _____ Phone: _____

Clinic Name: _____ Fax: _____

Medical Provider Signature: _____ Date: _____

TIGERTON SCHOOL DISTRICT

MEDICATION GUIDANCE

Please avoid scheduling medications to be taken at school whenever possible. When this is not possible, we are happy to help by administering it in school as long as the policy requirements have been met.

1. All medication must be in the original bottle/package, with the child's name clearly marked on the container. All prescription medication must be in the original pharmacy container with correct information on the label as well as the child's name clearly marked on the container along with correct dosage and time to be given. Ask your pharmacy for a separate labeled container for school.
2. Parents must provide all supplies needed to give the medication including: measuring syringe, tablets pre-cut, and food if needed.
3. Non-prescription medication containers must show the recommended dose that is appropriate for the age of your child. Prescription bottle directions/dose must match the "Medication Administration Consent". Expired medications will not be given.
4. **Authorization Form:** A "Medication Administration Consent" form must be on file before any medication (prescription or non-prescription) may be taken at school. This is required even for short-term medications.
 - a. Both parent and physician authorization must be completed for prescription medications.
 - b. Only the parent authorization is required for non-prescription medications. If the frequency/dosage is greater than package directions a physician signature is required.
 - c. A separate form is required for each medication.
5. The above rules still apply to any medication a student may need to carry with them, such as Epipens or inhalers. Both the medication & the medication form must be checked in at the school office at the beginning of the year.
6. Vitamins, supplements, and homeopathic remedies can be given at home and will not be administered in school. Consideration may be given with physician approval stating it is medically necessary to be given during the school day.
7. It is your responsibility to keep track of when your child will need a refill. The school will give reminders via phone call or letter.
8. A parent/guardian or designated adult must bring the medication into school. Do NOT send medications with your child.

The "Medication Administration Consent" can be found on the school website under Forms & Resources. A new form must be completed every year.

Please contact your school nurse with any questions.