



# RACINE UNIFIED SCHOOL DISTRICT PRESCRIBER'S MEDICATION REQUEST

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
Please Print

Student's Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

Name of Medication (Please Print) Dose Time(s) to Administer

**Asthma Rescue Inhalers:** My child may carry & self-administer the asthma rescue inhaler requested above.  YES  NO

**Epinephrine Auto-Injection:** My child may carry & self-administer the auto-injectable epinephrine requested above.  YES  NO

**Students Grade 9-12 ONLY:** My child may carry & self-administer the non-narcotic medication requested above.  YES  NO

I, the parent/guardian of the above named student, request the prescription medication listed above be given at school. I will notify the school in writing if there is a change or cancellation of the medication. I understand that students may not carry or self-administer narcotics or Level II Controlled Substances. The Racine Unified School District has my permission to contact the prescriber about this medication. I authorize the release of information about the administration of this medication to appropriate school personnel and classroom teachers who have a need to know.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PRESCRIBER AUTHORIZATION

Name of Medication (Please Print) Dose Time(s) to Administer

Administer for: Full School Year: \_\_\_\_\_ Summer School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Reason medication is given at school: \_\_\_\_\_

Side effects or contraindications: \_\_\_\_\_

If PRN, indications for use: \_\_\_\_\_

If PRN, actions after administration (if needed): \_\_\_\_\_

### **SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION: Complete if applicable**

- YES - It is my professional opinion that the student may carry and self-administer the asthma rescue inhaler prescribed above.
- YES - It is my professional opinion that the student may carry and self-administer the auto-injectable epinephrine prescribed above.
- YES – **Only students grades 9-12** It is my professional opinion that the student may carry and self-administer the non-narcotic medication prescribed above. (Students may not carry or self-administer narcotics or Level II controlled substances)
- NO - It is my professional opinion that the student may not carry and self-administer the medication prescribed above.

### **DISCONTINUING A PREVIOUSLY PRESCRIBED MEDICATION: Complete if applicable**

Please discontinue the administration of the medication listed below:

Name of Discontinued Medication (Please Print) Dose Time(s) to Administer

I authorize the administration of this medication to the student named above. I agree to be contacted by the School Nurse (RN) from the Racine Unified School District as needed regarding this medication.

Signature of Prescriber Prescriber's Name (Please print) Date

# **POLICY AND PROCEDURE FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**

## **Adapted from Policy 5151.6 – Administration of Medication at School**

### **PRESCRIPTION MEDICATIONS**

Prescription medication can only be administered by school district personnel with written consent from BOTH the parent/guardian and a licensed prescriber. A written request for administration of prescription medication must be made on the *Prescriber's Medication Request* form. ALL request forms must be renewed each school year or when the prescription changes.

#### **Labeling, Storage, and Transport of Medication to School:**

The parent/guardian provides the prescription medication in a properly labeled pharmacy container. The label must be easily read. Plastic sandwich bags or other unsafe containers will not be accepted. The label must have the following information:

- Child's full name
- Name of medication which matches the name on the *Prescriber's Medication Request* form
- Current dose of medication
- Time(s) or frequency of administration
- Prescriber's name

Medication administered by school district personnel is kept in a locked area at the school. Storage of self-administered medication is approved by the school's principal and school nurse in collaboration with the student, family, and any other appropriate school personnel.

For the safety of the student and others, an adult should bring the medication to the school. Any other arrangements for getting the medication to school needs approval from the school's principal and school nurse (RN).

#### **Unused Medication:**

At the end of the school year or when medication is discontinued, the parent/guardian will be asked in writing to come to the school to get any unused medication. Any other arrangements to get the medication home need approval in writing from the school's principal and school nurse. Any medication not claimed on the last day of school or upon written instruction from the parent/guardian will be destroyed in an environmentally safe manner.

#### **Self-Administration of Prescription Medication by Students:**

In compliance with Wisconsin Statute 118.29(1) *Possession and use of metered dose inhalers for asthma*, any student regardless of age may carry and self-administer asthma rescue inhalers with the written consent on file at the school from BOTH the parent/guardian and the licensed prescriber indicating that in their opinion the student is knowledgeable about the medication and is able to self administer it.

In compliance with Wisconsin Statute 118.29(2)(1v) *Possession and use of epinephrine auto-injection systems for use in severe allergic reactions and anaphylaxis*, any student regardless of age may carry and self-administer auto-injectable epinephrine with the written consent on file at the school from BOTH the parent/guardian and the licensed prescriber indicating that in their opinion the student is knowledgeable about the medication and is able to self administer it.

Only students in grades 9-12 may carry and self-administer non-narcotic prescription medication when a *Prescriber's Medication Request* form is on file at the school signed by both the parent/guardian and the licensed prescriber stating that in their opinion the student is knowledgeable about the medication and is able to self administer it.

Students may not carry and self-administer narcotic medications or Level II Controlled Substances.

School district personnel may prohibit the self-administration of medication if it is their good faith belief that the medication is being improperly used, stored, or that the school district's policy requirements are not being met. The parent/guardian will be promptly notified of this decision by the school's principal.

Please direct any questions regarding medication administration to the school's principal, the school's registered nurse, or the supervisor of health services.