

MOSINEE SCHOOL DISTRICT PARENT/PRACTITIONER MEDICATION AUTHORIZATION

(Practitioner includes physician, dentist, podiatrist, optometrist, physician assistant and advanced practice nurse practitioner per 2001 Wisconsin Act 83.)

students who carry and self-administer inhaler and Epi Pens, must have written instructions signed by the practitioner AND the parent/guardian. No practitioner signature is required for over-the-counter (non-prescription) medication providing the dose is within the manufacturer's guidelines and does NOT contain aspirin. Student Name: _____ Birthdate: ____ Grade: ____ Medical Diagnosis(es) **Specific Instructions** Medication(s) Dosage & Route Times Given at School Medication order effective from: until: **SELF-CARRY MEDICATION SECTION** Student can correctly use his/her medication? Yes No Inhaler for breathing conditions: May carry self-administer? \square Yes \square No Epi Pen for severe allergic reaction: May carry self-administer? \square Yes \square No Insulin for diabetes: May carry self-administer: \square Yes \square No Other medication: May carry self-administer? ☐ Yes ☐ No PRACTITIONER SIGNATURE SECTION Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication. Practitioner Name, Address, Phone: Practitioner Signature: Date: PARENT/GUARDIAN SIGNATURE SECTION

ALL medications given at school must have written permission by the parent/guardian. ALL prescription medication given at school, including

I hereby give permission to staff designated by the school principal or nurse to give the above medication to my son/daughter according to the instructions stated above and authorize them to contact the practitioner, if necessary.

Parent/Guardian Signature: Date:

It is understood that:

- 1. All medications must be in an original container. Original pharmacy container must include the student's name, name of medication, dose, and time of administration on the label. Over-the-counter (OTC) medication must be in the original bottle/box/container and must include dosing instructions (quantity and frequency of administration with age). Meds sent in baggies, Tupperware, etc. will NOT be given.
- 2. Whenever possible, medication will be administered at home, before and/or after school hours.
- 3. Whenever there is any change in instructions for the above medication/s, a new form MUST be completed. A new form must also be completed for each and every school year.
- 4. Students who self-carry medications are responsible for taking these medications on all field trips.
- 5. Students will be sent by rescue squad to the emergency room after using an Epi Pen or Glucagon.