

**SERIES 400
STUDENTS**

Administrative Exhibit 453.4(2)

ADMINISTERING MEDICATION TO STUDENTS FORM

**School District of Marshall
Administering Medication to Students**
(Please Return to your child's school)

Student Name _____ Physician's name _____
Birthdate _____ Male _____ Female _____ Physician's address _____
School _____ Grade _____ _____
Parent/Guardian _____ Physician's phone _____
Home Phone _____ Work Phone _____ Physician's Fax _____

To Parent/Guardian/Physician:

The School District of Marshall is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, it's agents and employees from any and all liability which may result from taking this medication.

Medication _____ Dosage _____ Frequency _____

Start Date _____ End Date _____

Form: Tablet/Capsule _____ Liquid _____ Inhaler _____ Nebulizer _____ Injection _____

_____ For episodic/emergency events only _____ Other(explain) _____

*Emergency Medications (inhaler, glucagons, insulin, epi-pen). Student to self-administer/carry? Yes _____ No _____

For grades 7th-12th, if **non-prescription** medication, will be stored in: School Office _____ Locker _____

Time(s) to be given _____ Reason for this medication _____

If given on an "as needed" basis, please describe _____

Special instructions _____

Side effects (expected or predictable) _____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication.

Physician's Signature _____ Date _____
(Signature required for all prescription medication.)

Parent/Guardian Signature _____ Date _____
(Signature required for all prescription and non-prescription medications.)

Marshall School District Phone numbers:

Early Learning Center (608) 655-1588 Elementary (608) 655-4403 Middle (608) 655-1571 High School (608) 655-1310
Fax (608) 655-1592 Fax (608) 655-3425 Fax (608) 655-1591 Fax (608) 655-3046

Legal References: Sections 118.29 Wisconsin Statutes
118.291

Cross References: 453.4, Administration of Medication to Students
Administrative Exhibit 453.4 (4), Authorization to Carry and Use an Inhaler
Administrative Exhibit 453.4 (5), Emergency Health Care Plan for Known Severe Allergic
Reactions
Administrative Exhibit 453.4 (6), Medication Incident Report

Date of Adoption: March 21, 2012

Date of Revision: