



# MEDICATION ADMINISTRATION CONSENT

## School District of McFarland Health Services

### 5101 Farwell Street • McFarland, WI • 53558

FAX ➡ MHS: 838-4562 IMMS: 838-4588 WIS: 838-4613 MPS: 838-4612 CE: 838-4503  
 PHONE 838-4500 ➡ MHS: ext. 4761 IMMS: ext. 4849 WIS: ext. 5454 MPS: ext. 4902 CE: ext. 5613

STUDENT INFO

|                                |                  |                |
|--------------------------------|------------------|----------------|
| Student name _____             | School _____     |                |
| Diagnosis _____                | Grade _____      |                |
| Medication name _____          | Dose _____       | Route _____    |
| Time of dose to be given _____ | Start date _____ | End date _____ |

PROVIDER SIGNATURE REQUIRED FOR PRESCRIPTION MEDS/INHALER

#### PRESCRIPTION MEDICATION AND INHALERS:

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in language of the lay person. I further agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

Possible side effects \_\_\_\_\_

Physician/Practitioner signature \_\_\_\_\_

|                       |                       |             |
|-----------------------|-----------------------|-------------|
| Print signature _____ | Clinic location _____ | Phone _____ |
|-----------------------|-----------------------|-------------|

#### SELF ADMINISTRATION OF INHALERS:

This student has been instructed on the proper use of an inhaler and is deemed responsible to their own inhaler.

|                           |                    |
|---------------------------|--------------------|
| Physician signature _____ | Clinic phone _____ |
|---------------------------|--------------------|

PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL MEDS

- I give my permission to the designated school personnel to administer the above medication(s).
- I agree to hold the McFarland School District and the persons designated to administer the above medication harmless in any events arising from the administration of this medication.
- I agree to notify the school, in writing, of any changes in the above orders.
- I agree to keep a 30-day supply of the above medication at school and replenish as needed.
- Medications not retrieved by a parent/guardian within 10 days of the end of the school year will be discarded.
- MEDICATIONS MUST BE SENT IN THEIR ORIGINAL CONTAINERS AND LABELED WITH:
  1. Student's name
  2. Medication name & dosage
  3. Time of dose to be given
  4. Physician's name

|  |                              |
|--|------------------------------|
| Parent/guardian signature _____                          | Date _____                   |
| Home telephone _____                                     | Work telephone _____         |
| Administer on early release days? (circle one)    Y    N | School nurse signature _____ |

# MCFARLAND SCHOOL DISTRICT MEDICATION LOG

(For office use only)

**MA Eligible?**

Yes  No

Student name \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Medication name \_\_\_\_\_

Dose \_\_\_\_\_

Route \_\_\_\_\_

Time \_\_\_\_\_

A=Absent    I=Inservice    X=No School    NA=None Available    R=Refused    Initial=Meds given w/o difficulty

|    | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE |
|----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 1  |     |      |     |     |     |     |     |     |     |     |      |
| 2  |     |      |     |     |     |     |     |     |     |     |      |
| 3  |     |      |     |     |     |     |     |     |     |     |      |
| 4  |     |      |     |     |     |     |     |     |     |     |      |
| 5  |     |      |     |     |     |     |     |     |     |     |      |
| 6  |     |      |     |     |     |     |     |     |     |     |      |
| 7  |     |      |     |     |     |     |     |     |     |     |      |
| 8  |     |      |     |     |     |     |     |     |     |     |      |
| 9  |     |      |     |     |     |     |     |     |     |     |      |
| 10 |     |      |     |     |     |     |     |     |     |     |      |
| 11 |     |      |     |     |     |     |     |     |     |     |      |
| 12 |     |      |     |     |     |     |     |     |     |     |      |
| 13 |     |      |     |     |     |     |     |     |     |     |      |
| 14 |     |      |     |     |     |     |     |     |     |     |      |
| 15 |     |      |     |     |     |     |     |     |     |     |      |
| 16 |     |      |     |     |     |     |     |     |     |     |      |
| 17 |     |      |     |     |     |     |     |     |     |     |      |
| 18 |     |      |     |     |     |     |     |     |     |     |      |
| 19 |     |      |     |     |     |     |     |     |     |     |      |
| 20 |     |      |     |     |     |     |     |     |     |     |      |
| 21 |     |      |     |     |     |     |     |     |     |     |      |
| 22 |     |      |     |     |     |     |     |     |     |     |      |
| 23 |     |      |     |     |     |     |     |     |     |     |      |
| 24 |     |      |     |     |     |     |     |     |     |     |      |
| 25 |     |      |     |     |     |     |     |     |     |     |      |
| 26 |     |      |     |     |     |     |     |     |     |     |      |
| 27 |     |      |     |     |     |     |     |     |     |     |      |
| 28 |     |      |     |     |     |     |     |     |     |     |      |
| 29 |     |      |     |     |     |     |     |     |     |     |      |
| 30 |     |      |     |     |     |     |     |     |     |     |      |
| 31 |     |      |     |     |     |     |     |     |     |     |      |

|            |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| Date/Count |  |  |  |  |  |  |  |  |  |  |  |
| Initials   |  |  |  |  |  |  |  |  |  |  |  |

Staff Initials \_\_\_\_\_

Staff Initials \_\_\_\_\_

Staff Initials \_\_\_\_\_

Staff Initials \_\_\_\_\_