WAUWATOSA SCHOOL DISTRICT
• Your Educational Community •

Medication Request Form: Prescription

Student Name: _____ Birthdate/age: _____ Weight: _____

When it is necessary for a student to receive prescription medication at school:

- **Written consent from the parent/guardian AND student's practitioner must be received before any medication is administered.**
- Written practitioner's orders must be received stating:
  - Name of the medication, Dose, Route of medication (by mouth, eye drop/ear drops, topical, etc), Time to be administered, Reason for the medication
- **Written practitioner's order MUST match the prescription bottle.**
- Written request for medication expires at the end of each school year.
- Parents MUST bring prescription medication to the office. It CANNOT be sent to the office with the student.
- It is the responsibility of the parent/guardian to provide the Office with any changes to medication administration orders. **The parent/guardian is also responsible for tracking and providing prescription medication to the office as needed.**
- Staff may only administer medication as directed by the student's practitioner as is reflected on the medication request form.
- The medication must not be expired, and in the original medication container with label from the pharmacy. (Pharmacies will give you a free labeled container for school use)
- The prescription medication shall be securely stored in the Office.

Medication	Dose	Route	Time to be administered	Reason
1.				
2.				

Practitioner Printed Name: _____ Date: _____

Practitioner Signature: _____ Phone: _____

Fax: _____

___ Yes ___ No My high school student may self-carry one day's dose of the above medication(s)
(Permission to Self-Carry form available in school office)

I give consent for school personnel to administer the above listed medication/s. I agree to notify the school in writing at the termination of this request or when any changes in the above order is necessary. I understand that all unused medication will not be returned to my student unless authorized to self-carry. Parents must come to the Office for unused medication by the last day of school or it will be disposed of. I authorize communication between the prescribing health care provider, the school nurse, and trained school personnel necessary for the management and administration of this medication.

Parent/Guardian Signature: _____ Date: _____

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