

**SAUK PRAIRIE SCHOOL DISTRICT
MEDICATION AND PROCEDURE CONSENT FORM**

5203

Student and Medication/Procedure Information

Medication procedures are to be administered at home whenever possible. All appropriate portions of this form must be completed before any medication and/or medical procedure can be administered at school. One form for EACH medication/procedure is required.

Name of Student: _____ DOB: _____ Grade/Hrm: _____

Medication/procedure needed: _____

Diagnosis: _____

Directions on bottle label: _____

Dose to be given at school: _____ Time to be given at school: _____

Dates to be given at school: From _____ To _____

Precautions/side effects or concern: _____

Parent /Guardian/Adult Student Consent- Review each item before signing

- ./ I understand that all medication should be delivered to the school by parent/guardian.
- ./ I request and authorize that school personnel administer this medication/procedure at school.
- ./ I will supply medication in its original, dated, properly labeled container (request extra bottle from pharmacy).
- ./ This order is in effect for this school year unless otherwise indicated.
- ./ I will obtain a new practitioner's order and notify the school of any changes.
- ./ I authorize school personnel to exchange information verbally or in writing with my child's practitioner regarding this medication/procedure or the condition(s) for which it is prescribed.
- ./ I understand that no medication will be sent home with my child.
- ./ I give my permission to have my child's photo displayed on this form.
- ./ I understand that trained, non-medical school personnel will give medication.
- ./ I agree to hold the School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication/procedure at school.
- ./ My signature indicates that I have fully read and understand the above information.

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization that I authorized to release information. I recognize that health records, once received by the School District, may not be protected by the HIPPA privacy act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and s 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Signature of Parent/Legal Guardian/Adult Student Home Phone Work Phone Date

Practitioner's Order (Please complete one form for each medication/procedure)

ASTHMA INHALERS AND EPIPENS ONLY This student and his/her parent/guardian have been instructed in self-administration and the student may carry an inhaler and/or EPI-Pen and self-administer at school.

The above medication/procedure is to be administered during the school day in accordance with the above instructions and agreements. I agree to accept communication about the student and/or medication and understand that trained, non-medical school personnel will administer the medication/procedure. Contact me if the following symptoms occur:

Practitioner's Printed Name Clinic Name and Address Clinic Fax Number

Practitioner's Signature Phone Number Date

6/27/2005; Rev.5/2/2006, 12/12/2011,12/13/2012,4/16/15

D Sauk Prairie High School 105 9 th St., Prairie Du Sac, WI 53578 Ph.: 608-643-5900 Fax: 608-643-5419	D Sauk Prairie Middle School 207 Maple St., Sauk City, WI 53583 Ph.: 608-643-5500 Fax: 608-643-5503	D Bridges Elem. School 1200 Broadway St, Prairie Du Sac, WI 53578 Ph.: 608-643-1800 Fax: 608-643-1849	D Grand Ave. Elem. School 225 Grand Ave., Prairie Du Sac, WI 53578 Ph.: 608-643-1900 Fax: 608-643-5888	D Merrimac Comm. Charter School 360 School St., Merrimac, WI 53561 Ph.: 608-643-1995 Fax: 608-493-2895	D Tower Rock Elem. School S9033 Denzer Rd., Prairie Du Sac, WI 53578 Ph.: 608-643-1997 Fax: 608-544-5801
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