

Parent Responsibilities

Administration of Medications
At Milwaukee Academy of Science

Whenever possible, prescription medication should be administered to children by parents/guardians at home. Should it be necessary to administer prescription medications during the school day, the school president and/or other persons designated in writing by the school president, may administer medications to students under the following established conditions:

NOTE: There are separate forms for non-prescription (**Form B**) and prescription (**Form C**) medications.

- A. A **Medication Permission and Instructions Form (Form B or C)** must be completed by the parent/legal guardian **AND** the physician (if prescription) before any medication(s) will be accepted by school staff.
- B. A separate Medication Permission and Instructions Form (**Form B or C**) is required for each medication to be given at school.
- C. The Medication Permission and Instructions Form (**Form B or C**) can be obtained at the school office during normal school hours of operation. It is the parent/legal guardian's responsibility to have the form completed and returned to the school office before any medication can be administered to the student at school.
- D. The completed Medication Permission and Instructions Form (**Form B or C**) is effective for one school year from the date of the parent/guardian and/or physician's signature. If there is a change in the medication, the dosage amount, or the time it is to be administered, a new Medication Permission and Instructions Form, signed by parent/legal guardian and/or the physician, is required. No change in medication administration can be permitted without appropriate authorized forms.
- E. Prescription medication must be in a pharmacy container and must clearly identify the student, the dosage, frequency or time to be given, and the prescribing physician and physician's phone number. Medications that are provided in envelopes or bags or other non-specified containers will not be accepted. Non-prescription medications must be in their original container.

- F. The parent/legal guardian is responsible for safe delivery of the medication to the school. The parent/legal guardian is also responsible for providing a sufficient quantity of medication. (Note: ADD/ADHD medications are “controlled substances” and must be delivered to the school by the parent/legal guardian or by another adult authorized to deliver the student’s prescription by the parent/legal guardian). See **Form K** for a list of common controlled substances. The number of pills in the container will be counted and verified by school staff upon receiving the medication.
- G. When a prescribed medication is discontinued, it is the responsibility of the parent/legal guardian to notify the school president or to the staff administering the medication and to provide an Authorization to Discontinue Medication Form (**Form F**) from the attending physician.
- H. Students requiring non-oral emergency medications, such as asthma inhalers or epinephrine (Epi-Pens) are strongly encouraged to learn safe, accurate, and correct self-administration of these prescription medications. A Release Form for Inhaler Use (**Form D**). Release Form for Epi-Pen (**Form E**) that is completed and signed by both parent/legal guardian and the prescribing physician is required for students to carry these medications. Additionally, it is recommended that a Medication Permission and Instructions Form (**Form C**) be completed, allowing school staff to administer these medications in the event of an emergency. The same restrictions and parent/legal guardian responsibilities apply to these medications as those listed above.
- I. Failure of the parent/legal guardian to follow the above procedures will result in termination of prescription medication administration for the student at school.



NON-PRESCRIPTION MEDICATION PERMISSION AND
INSTRUCTION FORM
(FORM B)

NAME OF STUDENT _____

MEDICATION _____

DOSAGE (How much) _____

ROUTE (How/Where given) _____

TIME TO BE GIVEN _____

PERIOD/LENGTH OF TIME TO BE GIVEN _____

REASON FOR TAKING MEDICATION _____

I authorize the above-stated medication to be given, as indicated, to my son/daughter.

Signature of Parent/Legal Guardian

Date



PRESCRIPTION MEDICATION PERMISSION AND INSTRUCTIONS FORM
(FORM C)

To School Personnel:

I am requesting that my child, _____, receive medication at the time indicated and as directed by myself, or, if the medication is a prescription medication, as directed by his/her physician.

I will be responsible for bringing the medication to school in the original labeled container from the pharmacy. I also understand that I am responsible for maintaining a sufficient quantity of the medication at the school to avoid any interruptions in the medication schedule. Failure to do this will result in termination of the school's administered program for my child.

I understand that, if my child refuses to take the medication(s), force will not be used by school personnel to make my child comply.

Signature of Parent/Legal Guardian

Date (Month/Day/Year)

To School Personnel:

I am prescribing medication for _____ which is described as
(Student Name and DOB)
follows:

Name of Medication: _____

Dosage: _____ Route: _____

Time (AM/PM): _____

Possible Adverse Side Effects: _____

The above orders shall be effective through _____ unless they are discontinued, changed by me, or withdrawn in writing by the parent/legal guardian.

(Physician/NP/PA Signature)

(Telephone #)

(Date)



**RELEASE FORM FOR INHALER USE
(FORM D)**

Date _____

_____ has been instructed in the proper use of the
(Student's Full Name and DOB)

following prescribed _____ inhaler.
(Medication)

We, _____ and _____
(Physician/NP/PA) (Parent/Legal Guardian)

request that _____ be permitted to carry the inhaler on
(Student's Full Name)

his/her person or to keep same in his/her classroom, as we consider him/her responsible to accept such responsibility. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler.

We, the undersigned physician or healthcare provider and parent/legal guardian absolve Milwaukee Academy of Science and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

I agree that, in the event of an emergency, in which the student cannot self-administer the inhaler, school staff will attempt to administer the medication for the student.

(Physician/PA/NP Signature)

(Parent/Legal Guardian Signature)



**RELEASE FORM FOR EPINEPHRINE PEN (EpiPen) USE
(FORM E)**

Date _____

_____ has been instructed in the proper use of the
(Student's Full Name and DOB)

following prescribed _____
(Medication and Dose)

We, _____ and _____
(Physician/NP/PA) (Parent/Legal Guardian)

request that _____ be permitted to carry the EpiPen on
(Student's Full Name)

his/her person or to keep same in his/her classroom, as we consider him/her responsible to accept such responsibility. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her EpiPen.

We, the undersigned physician or healthcare provider and parent/legal guardian absolve Milwaukee Academy of Science and its employees, agents and officers of any responsibility in safeguarding our child's EpiPen.

I agree that, in the event of an emergency, if the student is unable to self-administer Epinephrine, school staff will administer the Epinephrine to the student.

I understand that, if Epinephrine is administered, 911 will be called and the student will be transported to a hospital.

(Physician/PA/NP Signature)

(Parent/Legal Guardian Signature)



**AUTHORIZATION TO DISCONTINUE MEDICATION
(FORM F)**

Name of Student: _____ DOB: _____

Name of Parent(s)/Legal Guardian: _____

Phone: (Home) _____ Work: _____

Name of Medication: _____

Dosage: _____

Date to stop: _____

Name of Prescribing Physician/NP/PA: _____
(if prescription medication)

Provider Address: _____

Provider Phone Number: _____

If there is any unused medication, please:

____ Discard any remaining medication

____ Keep the medication at school until I pick it up on _____
(Date)

I hereby withdraw my consent to administer THIS medication to my son/daughter.

(Parent/Legal Guardian Signature)

(Date)

A copy of this form may be sent to your provider.

List of Controlled	Substances	(Form K)
Actiq®	Ferridex®	Morphine Sulfate®
Adderall®	Florinal® with Codeine	MS Contin®
Alfenta®	Flunitrazepam	MSIR®
Alfentanil	Flurazepam	Noctec®
Alprazolam	Focalin®	Norcet®
Azepam®	Genagesic®	Norco®
Ambien®	Halcion®	Novosecobarb®
Anexsia®	Hydrocet®	Opium
Anodynos-DHC®	Hydrocodone	Opium Tincture®
Astramorph®	Hydromorphone	Oralef®
Ativan®	Hydrostat IR®	Oramorph SR®
Attenta®	Hy-Phen®	Oxazepam
Azdone®	Infumorph®	Oxycet®
Benzedrine	Klonopin®	Oxycodone
Beta-phenyl- isopropylamine	Levo-Dromoran®	OxyContin®
Buprenex®	Lavorphanol	OxyFAST®
Buprenorphine	Librium®	OxyIR®
Butorphanol	Lorax®	Percocet®
Carisoprodol	Lorazepam	Percodan-Demi®
Chlorazepate	Lorcet®	Propacet®
Chlordiazepoxide	Lortab®	Propoxyphene
Choral Hydrate	Lunesta®	ProSom®
Clonazepam	Mepergan®	Resoxyn®
Cocaine	Meperidin	Restoril®
Cocaine® Topical Solution	Metadate®	Ritalin®
Codeine	Methadone	Ritalina®
Codeoxyn®	Methamphetamine	Ritaline®
Co-Gesic®	Methylin®	RMS®
Concerta®	Methylphenidate	Rohypnol®
	Methylphenidate	Roxanol®
	Morphine	Roxanol-SR®
		Roxicet®
		Roxicodone®
		Roxilox®
		Roxiprin®
		Rubifen®
		Secobarbital
		Secondal®
		Serax®
		Soma®
		Stadol®
		Statex®
		Sublimaze®
		Temazepam
		Tranxene®
		Triazolam
		Tylenol® with Codeine
		Tylox®
		Uniserts®
		Valium®
		Valreleases®
		Vicodin®
		Vicoprofen®
		Wygesic®
		Xanax®
		Zetran®
		Zydone®