



Kimberly Area School District Health Services

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Medication Consent Form 2023-2024 Grades 7 through 12

Student:	Date of Birth:	School:	Grade:
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Section 1: Prescription Medications

Medication	Dose	Route*	Time	Reason/Diagnosis	Medication Administered By: (check one)
					<input type="checkbox"/> Staff <input type="checkbox"/> Student (Self-Carry)
					<input type="checkbox"/> Staff <input type="checkbox"/> Student (Self-Carry)

*Route = oral, inhaled, topical, injectable, etc. **All prescription medications must be in a properly labeled pharmacy container.

Section 2: Over-The-Counter (OTC) Medications

Medication	Dose	Route*	Time	Reason/Diagnosis	Medication Administered By: (check one)
					<input type="checkbox"/> Staff <input type="checkbox"/> Student (Self-Carry)
					<input type="checkbox"/> Staff <input type="checkbox"/> Student (Self-Carry)

*Route = oral, inhaled, topical, injectable, etc. **All over-the-counter medications must be in the original container.

Parent Consent for Medication Administration

I hereby give permission to designated school personnel to communicate with the health care provider as allowed by HIPAA and further authorize notification of appropriate school personnel of medication administration and possible adverse effects of the medication. I will keep the school district aware of any changes in medication or health concerns for my student.

Self-carry and administration of medication: My student is authorized to carry and self-administer their medication as described above. I agree that my student is properly trained to use and administer their medication. I am aware that school personnel will not supervise or have responsibility in the process. I agree to hold Kimberly Area School District harmless in any or all claims arising from the self-administration of this medication at school.

Administration of medication by staff: I hereby give permission to designated school personnel to give medication to my student according to the written instructions of the practitioner as shown on this form. I agree to hold the Kimberly Area School District and its employees who are acting within the scope of their duties harmless from any and all claims arising from the administration of this medication.

Parent/Guardian Signature _____ Date _____

Practitioner Information/Consent

This section must be completed whenever the following conditions exist:

- Any prescription medication
- Any OTC medication given outside the recommended dosage on the manufacturer's label

Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

Practitioner Name _____ Phone _____

Practitioner Signature _____ Date _____

Principal Initials _____

INFORMATION SHEET FOR ADMINISTRATION OF MEDICATIONS TO STUDENTS

In compliance with Wisconsin State Law, the Kimberly Area School District has adopted a policy for the administration of medications. For medication to be administered safely and efficiently, parents and students must comply with district policy.

Medication should be administered at home whenever possible.

All medications administered by KASD staff are only available to students during school hours (MS/HS: 7:30-3:00).

Only the school nurse shall receive a telephone order for any change in medication.

PRESCRIPTION MEDICATION

- 1. The current Medication Consent form must be on file and signed by the parent and the prescribing practitioner.**
- 2. The prescription medication must be in the original pharmacy-labeled container indicating the correct dosage and frequency of administration. This information must be the same as provided on the Medication Consent form.**
- 3. If there are changes in the medication type, route, dosage, frequency or time given, an updated Medication Consent form and an updated pharmacy-labeled container will be required.**
4. For medication provided to school, your pharmacist can provide a second empty labeled container so that you will have containers for home and school. Medication will not be given if in an unmarked container (ie. baggie or envelope filled with pills).
5. For controlled substances provided to school, school staff will verify the amount of the medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school staff member.
6. If your student will self-carry and administer, your student will possess no more than the daily supply of the medication at a time. Any misuse of the medication, including selling or giving away the medication will result in revocation of the self-administration privileges and may result in referral to law enforcement officials. A student's authorization to carry and self-administer medication may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrates an inability to responsibly possess and self-administer such medication.

NON-PRESCRIPTION MEDICATION (over-the-counter)

- 1. The current Medication Consent form must be on file and signed by the parent.**
- 2. Medication must be supplied in the original manufacturer's container with the student's name affixed on the package. Other packages, such as a baggie or envelope filled with pills, will not be accepted.**
3. Practitioner signature is required for OTC medication given outside of the recommended dosage on the manufacturer's label.
4. Substances that are not FDA approved (i.e. natural products, food supplements) will require the written instruction of a practitioner and the written consent of the parent.
5. If your student will self-carry and administer, any misuse of the medication, including selling or giving away the medication will result in revocation of the self-administration privileges and may result in referral to law enforcement officials. A student's authorization to carry and self-administer medication may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrates an inability to responsibly possess and self-administer such medication.

STOCK MEDICATIONS - REQUIRES PARENT SIGNATURE

Stock medication (Acetaminophen, Extra Strength Acetaminophen, Ibuprofen and Diphenhydramine) will be administered to students with annual consent completed during online registration or paper copy returned to the school office at JRG and KHS only.

NOTE: Students have the choice between self-carry or using school stock medications (kept in the healthroom).