Upon the receipt by school personnel of written notification from a physician or parents/guardians that a student needs medicines during the school day, the following procedures will be utilized:

- 1. Written notification is forwarded to designated school official.
- 2. Designated school official has parent(s)/guardian(s) send written instructions signed by parent(s)/guardian(s) and physician that include:
  - a. Student's name
  - b. Name of medication
  - c. Purpose of medication
  - d. Time to be administered
  - e. Dosage
  - f. Possible side effects
  - g. Termination date for administering the medication
- 3. The designated school official will be responsible for:
  - a. Obtaining and filing in the school, the written instructions and consent required.
  - b. The periodic review of such written instructions.
  - c. The storing of medicines and prescription drugs in a locked cabinet.
  - d. Record keeping and the return of unused medication to the parent(s)/guardian(s).
  - e. The appropriate instructions of persons who may be authorized to administer medicines or prescription drugs to students.
- 4. The parent(s)/guardian(s) of the student shall assume responsibility for informing the designated school official of any change in the student's health or change in medication.
- 5. The School District of Neillsville retains the discretion to reject requests for administration of medicine.
- 6. A copy of this procedure will be provided to parent(s)/guardian(s) upon their request for administration of medication in the school.
- 7. Only limited quantities of medicine should be brought to school and then only in containers properly labeled by the physician or pharmacist.

Initial Adoption: 10/23/17

Final Adoption: 11/20/17

## School District of Neillsville

	Contro.	lled Med:	<b>LCation</b>	Count		
Student Name	-				Sch	ool Year
Medication Name &	Medication	Date	Count or	Staff Signature	Staff	Signature
Concentration	Form	Submitted	mls	<b>3</b>		
	l					
Staff Printed Name	S	ignature		Staff Printed Na	ame	Signature
Staff Printed Name	S	ignature	•	Staff Printed Na	ame	Signature

Medications must be sent home with parent or person over 18 years of age with parent verbal consent. Medications may not be sent home with persons under 18 years old.

Initial Adoption: 10/23/17

Final Adoption: 11/20/17

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Initial Adoption: 10/23/17

Final Adoption: 11/20/17