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SAINT WENCESLAUS CATHOLIC SCHOOL

Authorization for Administration of Medication or Treatment at School

Student: _____ Birthdate: _____ Grade: _____ Allergies: _____

Medication Required During School Hours

| Medical Condition | Medication | Dose | Route | Time | Possible Side Effects |
|-------------------|------------|------|-------|------|-----------------------|
| | | | | | |

******All Medications are to be supplied in the original container******

Treatments/Procedures Required During School Hours

(e.g., Peak flows, blood glucose monitoring, catheterization, dressing changes)

| Medical Condition | Treatment/Procedure | Time(s)/Frequency | Special Instructions |
|-------------------|---------------------|-------------------|----------------------|
| | | | |

Student may carry/self administer his/her inhaler/Epi-Peninjector.

This student uses inhaled medication/Epi-Pen injection, and has been instructed on proper use, side effects, and safeguards regarding the medication. The student is authorized to keep this medication with them during the school day and to use it as needed according to a licensed prescriber's instructions.

Other considerations/directions: _____

Start date: _____ Stop date: _____

(All authorizations expire at the end of the school year or following the summer school session.)

Physician signature

Physician name (print)

Date

Clinic Address: _____ Phone # _____ Fax # _____

Parent/Guardian Authorization

- I request that the above medication(s)/treatment(s) be given during school hours.
- I will provide the required documentation from a licensed prescriber following the district medication policy and procedures.
- I will notify the school of any change in the medication(s)/treatment(s).
- I give permission for the Licensed School Nurse to consult with my child's physician about any questions regarding the listed medication(s) or medical condition(s) being treated.

Parent/guardian signature

Relationship to student

Date



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Medication Administration Procedure

Purpose: To explain the Medication Policy (Policy516) of New Prague Community Schools. Health services are committed to maintaining the health and safety of all students. Therefore, strict adherence to the policy and this procedure is important.

1. All prescription **and** over-the-counter medication will only be given when the **Medication Administration Form** (or a comparable form) is completed.
2. The comparable form must include the physician's order and parent/guardian signature for prescription medications and a parent/guardian signature for over-the-counter.
3. All medication must be supplied in the original bottle with the manufacturer's label clearly indicating dosage, instructions, and ingredients.
4. Parents/guardians will notify health services of any change in medication; including if medication is to be discontinued (a new physician's order is needed to discontinue medication).

For students who receive mood-altering medications, for example:

- Central Nervous Stimulants (Ritalin, Dexedrine, Cylert, Adderall, Concerta, etc.)
- Antipsychotics (Risperdal, Zyprexa, etc.)
- Anti-seizure medications (Lithium, Depakote, etc.)
- Antidepressants (Prozac, Zoloft, Paxil, Celexa, Effexor, Wellbutrin, etc.)

In addition to the above items 1 through 4, students who receive the above medications must also have:

- An adult to hand carry the medication to health services in the student's building.
- Or
- An adult will call the student's health services office and report the number of tablets the student will be bringing to school.
 - Health services will count the number of tablets received, store the tablets in a locked cabinet and administer the medication as directed by the physician.

Thank you,

St. Wenceslaus School Health Services

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