Wolsey-Wessington School District 2-6

375 Ash Street SE Wolsey, SD 57384

Jennifer Boomsma-Kelsey, Superintendent
Lindsay Haider, K-8 Principal
Amy Langbehn, Business Manager

Telephone: (605) 883-4221
Fax (605) 883-4720

PRESCRIPTION MEDICATION ADMINISTRATION FORM
(PHYSICIAN'S SIGNATURE REQUIRED)

Requires renewal at the beginning of each school year

Name of Student ________________________________ D.O.B. __________________________

Address _______________________________________ Telephone _______________________

Parent/Guardian Name ___________________________ Grade ____________________

We encourage medication/treatment hours be arranged outside of school hours if possible.

Diagnosis ____

Name of medication/treatment ____

Dose ____

Time(s) to be administered at school ____

Method (route) of administration ____

Medication to be administered from ________________ to ________________________________
Month/Day/Year Month/Day/Year

Precautions and reactions to observe and report ____

_________________________________ _________________________ _________________
Physician's Signature Telephone Date

_________________________________ _____________________________________
PRINT Physician's Name Clinic Name

(Changes may be called to the school nurse by the prescribing provider with written confirmation following within 24 hours. Faxes are acceptable.)

I authorize personnel at the above named school to administer the medication prescribed on this form to my child. I understand the medication must be provided in the original properly labeled container. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing provider and the School Nurse to insure safe medication administration for my child. I am responsible to pick up unused medication one week after the last dose is given during the school year, and/or before the last day of school. If the medication is not picked up, it will be destroyed.

Parent/Guardian Signature _________________________________ **Date** ________________