

LAKELAND SCHOOL OF WALWORTH COUNTY

W3905 COUNTY ROAD NN - ELKHORN, WI 53121

Phone (262) 741-4118 -- Fax (262) 741-4135

**PRESCRIPTION MEDICATION ADMINISTRATION CONSENT FORM**

**FORMULARIO DE CONSENTIMIENTO PARA LA ADMINISTRACIÓN DE MEDICAMENTOS CON RECETA**

(Please print clearly)

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PRACTITIONER SECTION**

**Practitioner Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Name of Medication & Strength (i.e. mg.):** \_\_\_\_\_

**Time to be Administered:** \_\_\_\_\_

**Dose & Route of Administration:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Duration:** from \_\_\_\_\_ to \_\_\_\_\_

**For an as-needed (PRN) medication, state specific conditions under which medication is to be given:** \_\_\_\_\_

**State the side effects for which we should contact you:** \_\_\_\_\_

**NOTE:** Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by non-medically trained designee(S) and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in language of the layperson. Any changes to this order must be in written form.

\_\_\_\_\_  
**Practitioner's Signature** **Date**

**PARENT/LEGAL GUARDIAN SECTION (SECCIÓN DE PADRES / TUTORES LEGALES)**

I hereby give my permission to Lakeland School to administer medication to my child according to the directions stated above and further authorize them to contact the child's practitioner if warranted (should the need arise for the safety of my child and other students). I agree to hold Lakeland, its employees and agents, who are acting in good faith and within the scope of their duties, harmless from any and all claims arising from the administration of this medication at school.

Por la presente doy mi permiso a la Escuela Lakeland para administrar medicamentos a mi hijo de acuerdo con las instrucciones indicadas anteriormente y además los autorizo a que se comuniquen con el médico del niño si se justifica (en caso de que surja la necesidad por la seguridad de mi hijo y otros estudiantes). Estoy de acuerdo en mantener a Lakeland, sus empleados y agentes, que actúan de buena fe y dentro del alcance de sus deberes, indemnes de cualquier reclamo que surja de la administración de este medicamento en la escuela.

I will notify the school in writing whenever this consent is withdrawn prior to the end of the duration period stated above.  
Notificaré a la escuela por escrito cada vez que se retire este consentimiento antes de que finalice el período de duración indicado anteriormente.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian (Firma del padre / tutor legal)** **Date (Fecha)**

**NOTE:** Person(s) who will be administering medication during school hours are listed in the principal's office. Before a medication will be administered by the school or agent thereof, this form shall be completed and returned to the school principal who shall file and retain the same. A copy must also be kept in the nurse's office. Medications must be in their original containers with the following information printed on the container: 1. Student's full name; 2. Name and dosage of the medication; 3. Time to be given; 4. Practitioner's name.

**NOTA:** Las personas que administrarán medicamentos durante el horario escolar se enumeran en la oficina del director. Antes de que la escuela o su agente administre un medicamento, este formulario deberá completarse y devolverse al director de la escuela, quien lo archivará y conservará. También se debe guardar una copia en la oficina de la enfermera. Los medicamentos deben estar en sus envases originales con la siguiente información impresa en el envase: 1. Nombre completo del estudiante; 2. Nombre y dosis del medicamento; 3. Tiempo que debe darse; 4. Nombre del practicante.