



RACINE UNIFIED SCHOOL DISTRICT NONPRESCRIPTION MEDICATION REQUEST

Student's Name: _____ Date of Birth ____/____/____ School: _____
Please Print

Student's Address: _____ Daytime Phone: _____

GUIDELINES FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

In accordance with Wisconsin Statute 118.29(1) a student's parent/guardian may make a written request for the administration of non-prescription medication at school. A non-prescription medication is defined by Statute as "any non-narcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law".

The Wisconsin Statute 118.29(1) states that the non-prescription medication:

- Must be in the original sealed manufacturer's package
- The package must list the medication's ingredients and the Food and Drug Administration (FDA) recommended therapeutic dose
- The package labeling must be legible.

The Racine Unified School District (RUSD) personnel will only administer the recommended therapeutic dose of the non-prescription medication as found on the package label. For the safety of the student, a written request from the parent/guardian and a licensed prescriber using the RUSD *Prescriber's Medication Request Form* is required if:

- The dose is other than the recommended therapeutic dose found on the package label
- The non-prescription medication is requested to be given in combination with other non-prescription medications

Administration of substances which are not FDA approved (example: natural products, food supplements), must be requested in writing by the student's parent/guardian and a licensed prescriber using the RUSD *Prescriber's Medication Request Form*.

By Wisconsin Statute no school district employee, except a health care professional, may be required to administer a medication to a student by any means other than oral ingestion.

If the medication is given "as needed", a good faith attempt will be made to contact the parent/guardian to help assure that the student was not given the medication before coming to school. The student's parent/guardian will receive written notification if the non-prescription medication is administered "as needed" at school.

Self-Administration of Non-Prescription Medication: **Only students in grades 9-12** may carry and self-administer non-prescription medication when a *Non-Prescription Medication Request Form* is on file at the school signed by the parent/guardian stating that in their opinion the student is capable of doing so. If a student carries and self-administers medication at school without the properly completed form on file, they could be in violation of the school district's drug abuse policy. Permission to self-administer medication can be rescinded if it is the good faith belief of the principal and the school nurse that the medication is being used or stored inappropriately.

PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF NONPRESCRIPTION MEDICATION

Name of Medication: _____ Dose: _____ Time(s) to be given: _____
PLEASE PRINT

Reason given at school: _____

Parent/Guardian's Daytime Phone Number: _____ Second Daytime Phone Number: _____

Students grades 9-12 ONLY: My child may carry & self-administer the medication requested above. YES NO

I, the parent/guardian of the above named student, request the nonprescription medication listed above be given at school. I understand this request is good for the current school year. I have read and understand the policy information on this form. I authorize the release of information about the administration of this medication to appropriate school personnel and classroom teachers who have a need to know.

Parent/Guardian Signature: _____ Date: ____/____/____