

Medication Administration Form

It is the policy of the Shorewood/Whitefish Bay Health Department and the Whitefish Bay School District, along with the recommendation of the State Department of Public Instruction, that any and all medications which must be taken at school/camp are to be administered by authorized staff.

Prescribed medication should be brought to the Camp Director by the parent or other responsible adult. The bottle must be labeled with the following information:

1. Name and phone number of the pharmacy
2. Child's name
3. Name of physician
4. Name of the drug frequency/dosage to be given

Non-prescribed medication (ie Tylenol, Advil, Claritin) should be brought to the Camp Director by the parent or other responsible adult. Non-prescription drugs must be brought in the bottle in which they were purchased.

A written statement is required from the parent authorizing staff to give this medication, and also, giving permission to contact the physician directly if more knowledge is needed to exercise prudent judgment for the safety and protection of the student on medication.

Name of child _____

Prescription number _____ Name of medication _____

Strength of medication _____ Amount of pills received _____

Dosage and frequency of administration _____

Permission for missed morning dose: Parent/guardian signature _____

The Camp Director has my permission to administer the above medication as directed. I also give permission to contact Doctor _____ or

Pharmacist _____ if more knowledge is needed

to exercise prudent judgment for the safety and protection of the student on medication.

Parent/Guardian signature

Date

Pursuant to the provision in section 118.29 Stats., persons administering medication are immune from civil liability for any acts or omissions in administering a drug to a camper in accordance with School board Policy 4421 unless the act of omission constitutes a high degree of negligence.