

Medication Administration Quiz
Sheboygan Area School District
GENERAL MEDICATIONS

Name _____
School _____

True or False:

1. Any willing school district employee may administer medication to students once the school nurse has trained them and they demonstrate competency. True or False
2. Medication forms do not need to be renewed annually. You can use the same form next year as long as the drug and dose stay the same. True or False
3. "Baggies" with the student's name, grade and teacher name are acceptable containers to keep medication in during school. True or False
4. Only prescription medications need to be counted upon arrival at school. True or False
5. Students can carry their own prescription medications as long as they have a parent and physician authorization form on file in the office. True or False
6. If an error occurs, you should contact the parent, school nurse or child's physician immediately. True or False
7. What are the "rights" to proper administration of medication to students?
 - a. Right dose, right route, right student
 - b. Right time, right medication
 - c. Right reason, right documentation
 - d. All of the above
8. A new authorization form is needed if there is a change in....
 - a. Type of medication
 - b. Dosage of medication
 - c. Time and/or frequency of medication
 - d. All of the above
9. You may administer medications to students by pouring the medication into....
 - a. your hand
 - b. the container cover
 - c. into a medication administration cup
 - d. b and c
10. When do you document on the medication log that a medication was administered to a student?
 - a. Before you give it
 - b. Before the student swallows it
 - c. Immediately after administering it
 - d. Within 5 minutes of administration
11. School personnel administering medications to students may call which of the following if questions arise during administration without having to first contact the parent for permission.
 - a. District school Nurse
 - b. Student's prescribing physician
 - c. Student's dispensing pharmacist
 - d. All of the above

By signing this review, I am willing and voluntarily accept to administer oral medications to students throughout the school year. I also understand that I may contact the District School Nurse at anytime if I have questions or concerns.

Staff Signature: _____

Staff Printed Name: _____

Delegating School Nurse Signature: _____

Date: _____