

**2017-18 SCHOOL DISTRICT OF SLINGER MEDICATION CONSENT FORM**

Wisconsin State Statute 118.29 and Slinger School District policy states that **NO** medication (prescription or non-prescription) will be administered by school personnel **unless and until** a medication consent form is **completed and returned** to the school. A **complete** medication consent includes: written parental authorization to administer medication in school and written instructions from a licensed health care professional for prescription medication.

**To be completed by parent/guardian** (for all prescription and/or all non-prescription medication)

STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME TO BE GIVEN \_\_\_\_\_ STORAGE REQUIREMENTS:  none  refrigerate

FORM OF MEDICATION: (check one please)

Tablet/Capsule  Liquid  Inhaler  Other \_\_\_\_\_

START:  date form received  other date: \_\_\_\_\_

STOP:  end of school year  other date/duration: \_\_\_\_\_

Keep medication in school  Send home every night  Other  \_\_\_\_\_

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

Possible Side Effects: \_\_\_\_\_

- I hereby give my permission to the school designated person(s) to give the medication to my child according to the directions stated above.
- I further give my permission to the school authorities to contact the child's physician, if necessary.
- I agree to notify the school in writing at the termination of this request or when any change in the order(s) is necessary.

**All non-prescription medication is to be sent to school in the original package/container with the name of medication, dosage, etc. on label and student's name written on the container.**

\_\_\_\_\_  
(Signature of Parent) (Date)

Home Phone Work Phone and Ext. Other

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**To be completed by physician** (for prescription medication only)

\_\_\_\_\_ (student) should receive medication at school as indicated on the prescription. I agree to be available for direct communication from the person(s) dispensing or administering the medication. Specific conditions under which I should be contacted regarding the condition or reactions of the student receiving the medication are:

\_\_\_\_\_  
\_\_\_\_\_

**All prescription medication is to be sent to school in a proper pharmacy labeled bottle, giving full name, name of Medication, dosage, time to be given, physician, and expiration date.**

Return to: Allenton Elementary School  
228 Weis Street  
Allenton, WI 53002  
Phone: 262-629-5546  
Fax: 262-629-1821

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Office/Clinic

Phone \_\_\_\_\_ Fax \_\_\_\_\_