

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 above designated person(s) to give the medication to my child according to the directions stated below.
 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 students name written on the container.

(Signature of Parent) _____ (Date) _____

Home Phone _____ Work Phone and Ext. _____ Other _____

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: YOUR CHILD'S BUILDING SECRETARY

Physician's Signature _____

Office/Clinic _____

Phone _____

Fax _____