

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

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