NON-PRESCRIPTION MEDICATION CONSENT FORM

This form must be completed and be on file in the school office for school personnel to administer any medications according to Wisconsin State Statute 118.29.

Student Name _____

Name of Medication _____

Time(s) to be given _____

Reason for Medication _____

_____

Amount/Dose _____

Number of Days _____

Parent/Guardian

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the above written instructions.

I also hereby agree to give my permission to the school principal/designee to contact my child's physician.

I further agree to hold the Two Rivers Public School District and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary.

_____ Date _____

(Signature of Parent or Legal Guardian)

REMINDER:

All medication brought to school **must** have the following information printed on the **original container**.

a. Child's full name
b. Name of drug and dosage
c. Time to be given
d. Physician's name and phone number

Two Rivers Public Schools Medication Form

SEPT.	A.M.																														
	P.M.																														
OCT.	A.M.																														
	P.M.																														
NOV.	A.M.																														
	P.M.																														
DEC.	A.M.																														
	P.M.																														
JAN.	A.M.																														
	P.M.																														
FEB.	A.M.																														
	P.M.																														
MAR.	A.M.																														
	P.M.																														
APR.	A.M.																														
	P.M.																														
MAY	A.M.																														
	P.M.																														
JUNE	A.M.																														
	P.M.																														

Note: Only record time if medication is not given at the usual time.

Intiials and Name of Person Dispensing Medication:

_____ _____ _____

Comments:_____

_____

_____

Codes: A - absent; D - early; E - medication empty; F - Field Trip; N - no school; W - dose withheld; X - discontinued