

Medication Consent Form
Prescription and Nonprescription Medications



**Please see your school handbook for complete medication administration guidelines.*

Section A.

Student Information (Print Please):	
Name of Student: _____	Date of Birth: / /
Primary Contact Parent/Guardian Name: _____	
Primary Contact Preferred Phone Number: _____ - _____ - _____	
1. Circle One: Prescription (Fill Out Section B and C) OR Non-Prescription (Only Section B)	
2. Circle One: Scheduled OR As Needed	
3. _____ Name of Medication	
4. _____ Instructions (Dose and Schedule to be Given at School)	
5. _____ Reason for Giving Medication	
6. _____ Primary Physician/Practitioner	_____ - _____ - _____ Phone Number
7. Circle One: Needed on Field Trips? Yes OR No	

Section B.

Parent/Legal Guardian Consent (Needed for ALL medication at school.)	
<i>Under Wisconsin Statute Section 118.2: I hereby give permission for school personnel to administer the above medication to my child at school according to practitioner's and/or my instruction. Medication will be provided by the parent and in its original, properly labeled container. This order is in effect for this school year unless otherwise indicated by a parent/legal guardian. I will notify the school in writing of any changes and obtain a new physician's order if requested by the school. I authorize school personnel to contact the practitioner either verbally or in writing if there is a question or concern regarding this medication or the condition for which it is prescribed. I further authorize the above practitioner to render treatment to my child arising out of administration of this medication. I release the school district from any liability claims as a result of the administration of this medication as directed above.</i>	
Signature of Parent/Legal Guardian _____	Date _____

Section C.

Practitioner's Order (Needed for each PRESCRIPTION medications given at school.)	
The above prescription medication is to be administered at school as directed above: _____	
Please contact me if: _____	
Additional Instructions: Only for asthma inhalers, epinephrine auto injectors, diastat, or glucagon injector: Student may self-carry in school: Yes OR No	
Practitioner's Signature _____	Date _____