

School Medication Consent

Student Name: _____ Grade: _____ Birth Date: _____
Parent/Guardian Name: _____
Primary Phone: _____ Cell: _____ Work: _____
Diagnosis(es): _____

Prescription medication orders must be completed by practitioner ONLY

Medication Name: _____ Administration Instructions(Dose/Route/Time/s): _____ _____ Effective Date: School Year 20__ - __ (including summer school) OR From _____ To _____
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Comments: _____

PARENT/GUARDIAN *I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.*

Parent/Guardian Signature: _____ Date: _____

PRACTITIONER *Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.*

Practitioner Signature: _____ Date: _____

Practitioner Name, Address, Phone

Wausau School District

Medication Information for Parents

Administration of any medication to students is governed by Wisconsin Statute 118.29.

General Information:

Medication will only be accepted at school in original containers, or labeled pharmacy bottles.

Medication must be transported to and from school by an adult.

Students with permission may carry and self-administer their asthma inhaler, epinephrine, or insulin. Contact your school nurse to make arrangements if your child needs to carry other medications.

Antihistamines for environmental allergies (eg. Claritin, Zyrtec) should be given once daily at home.

Antibiotics prescribed three times a day should be given at home: morning, after school, and at bedtime.

School staff may not administer narcotic pain medication to students.

Medication containing aspirin requires a signature from a medical practitioner.

Prescription Medication:

Prescription medications require practitioner signature. To assist you, staff can FAX the form to your practitioner for signature.

Medications should be in a pharmacy container, with pharmacy label listing student's name, medication name, dosage and schedule.

Information listed on the School Medication Consent form must match the information on the pharmacy container (medication, dose, time given.)

Change in medication, dose or time requires an updated School Medication Consent form and a pharmacy bottle with an updated label.

Over-The-Counter Medication:

The School Medication Consent form does not require a medical practitioner signature unless the dose requested exceeds package instructions or contains aspirin.

Over-the-counter medication not FDA approved, including essential oil and herbal treatment, should be given at home. If required at school, it must have a practitioner signature for administration at school by school staff.

Melatonin to be given at the School Forest or on an overnight field trip requires a practitioner signature.