



**NON-PRESCRIPTION MEDICATION**

Consent Form for School Hours

Parental Consent

**IMPORTANT NOTICE**

Non-prescription drugs may be dispensed by designated school staff only after the Parent/Guardian has provided written consent and instructions for dispensing the drug to the building principal and/or school Health Room Assistant/Nurse. If possible these medications should be given at home.

Medication must be supplied in the original packaging or container. The medication must be clearly marked with the child's name. A separate consent from must be completed for EACH medication and child in the family if it is to be taken at school. For safety and liability reasons, any medications received in envelopes, baggies or unmarked containers other than the original **WILL NOT** be accepted for staff administration.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Teacher/Classroom \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dosage \_\_\_\_\_

Form of medication/treatment:

- Tablet/Capsule  Liquid  Ointment  Eye/Ear/Nose Drops  Inhalation

Time to be given \_\_\_\_\_ How often \_\_\_\_\_

Time of last dosage (if any, yet today) \_\_\_\_\_

Reason for medication \_\_\_\_\_

Date to Start \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_\_ Stop \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_\_

*If designated staff to administer, I hereby release the Board of Education, its agents and employees from any and all liability which may result from taking this medication*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: The 1983 Wisconsin Act 334 states than no school employee except a Health Professional may be required to administer a drug to a pupil by other than ingestion or oral.*