



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 form 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___ AND 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 that no school employee except a Health Professional may be required to administer a drug to a pupil by other than ingestion or oral.