

PARENT/GUARDIAN MEDICATION CONSENT FORM

Required by Chilton Public Schools

OVER-THE-COUNTER MEDS ONLY

Student's Name

Date

Grade

Age

Homeroom Teacher

Administration of nonprescription medications to a pupil requires written consent and instructions from the pupil's parent or guardian (Wis. Stat. § 118.29[2][a]1.a). Administration of nonprescription medications to a pupil in a dosage other than the recommended therapeutic dose may be done only if the written request to do so is also accompanied by the written approval of the pupil's practitioner (Wis. Stat. § 118.29[2][a]1.b). Policy 5330

Substances which are not FDA approved will require a physician's order.

Name of Medication: _____

Dosage of Medication: _____

Time to be administered: _____

I hereby give my permissions to school personnel designated by the school nurse to give medication to my child according to the written instructions as filled out above.

I further agree to hold the Chilton 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.

If the nonprescription medication is supplied by the student's parent or guardian, it must be supplied in the original manufacturer's package, and the package must list the ingredients and recommended therapeutic dosage in a legible format.

Parent/Guardian Signature

Phone number