



Dear Parent/Guardian:

When school staff is involved in dispensing a medication to your child the following guidelines must be followed to insure safe dispensing of these medications:

1. A medication form must be completed and signed by the prescribing health professional (physician, nurse practitioner, etc.) for all prescription medication.
2. A medication form must also be completed and signed by the child's parent/legal guardian for both prescription and non-prescription medications.
3. All prescription medication must be in the original container, filled by the pharmacy with each refill, and properly labeled. If the medication is also used at home, please ask the pharmacist to give you an additional medication container that is labeled.
4. All non-prescription medications must be labeled and in an original container when possible. Any request for dosages that exceed the recommended age-appropriate dosage listed on the container will require orders from a physician.
5. When prescription medications need to be refilled, a letter will go home informing the parent/legal guardian of the need for a refill. No empty containers will be sent home.
6. School staff will not split medicine tablets. If your child requires a medication to be split, please bring medication that is already split to school.
7. Prescription medications will only be given according to the physician's written instructions. School staff will not change the dosage of the medication or time when the medication is given unless there is a signed statement from the physician for this change.

Because your child received medication during the last school year, a copy of the physician permission form and parent permission form are enclosed for your use if your child will be receiving medication in the upcoming school year. New Medication Consent form are required each year. If you have questions about medication guidelines please contact your child's school and ask for the school nurse, or call our SDJ Health Department at (608)743-5133.

Revised 8/14, 3/17 PB



---

## MEDICATION CONSENT FORM

**THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
City: \_\_\_\_\_ Phone (Other): \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time to Give Medication: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

I agree with the medication requested above and will be responsible for the following:

- Delivery of medication in a pharmacy-labeled container or original manufacturer's container to the school office
- Maintain a sufficient supply of medication
- Keep school personnel informed of changes in the dosage or time that medications are to be given
- Obtain a new form from the doctor for any changes in this medication

In the event more information is needed regarding this medication or its administration, I authorize school personnel to contact the student's physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

---

**Physician portion only needs to be completed for prescription medications or for over the counter medications that do not follow the directions provided on the container**

---

**THIS SECTION TO BE COMPLETED BY THE PHYSICIAN:**

Please administer \_\_\_\_\_ the following medication at school.  
(Student's Name)

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Administer Medication:**

- At the following times: \_\_\_\_\_
- As needed for \_\_\_\_\_, but no more frequently than every \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Inhalers:**

- May carry on their person. This student has been instructed in the proper use of this medication and is sufficiently responsible to self-administer.
- May not carry inhaler on their person

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mission: To serve our community by educating every child.**

---