

**GOVERNOR WENTWORTH SCHOOL DISTRICT
MIDDLETON SCHOOL DISTRICT
Medication Permission Form**

PHYSICIAN'S STATEMENT:

Due to state regulations the school must have the following information to administer medications during the school day:

STUDENT'S NAME _____ DOB _____ GRADE _____

DIAGNOSIS _____

NAME OF MEDICATION _____ ROUTE _____

DOSE TO BE GIVEN _____ TIME _____

START DATE _____ STOP DATE _____

SIDE EFFECTS/OBSERVATIONS _____

Physician's Signature _____

Date _____

SELF CARRY POLICY:

The policy in the GWSD/MIDDLETON is that students do not carry medications on their person in school. However, there are situations (i.e. inhalers and Epi-pens that may create exceptions to this policy. If you feel this student can safely self-carry and administer the medication as indicated, please fill out the information below.

Please allow the student named above to carry and self-administer _____

Due to the diagnosis of _____

Physician's Signature _____

Date _____

PARENTAL PERMISSION:

Medication policy

- The medication must be delivered to the school by an adult and will be kept in a locked medication cabinet in the health office.
- The medication needs to be in a properly labeled container from the pharmacy with the date of the prescription, the student's name, the name of the medication and the physician's name.
- A written statement or the above portion of this form signed by the physician is necessary for your child to receive medication at school.
- The parent must sign the form below to give permission for the medication.

We the parent(s)/guardian(s) authorize the school to assist our child in taking the above medication and agree that we will not hold liable any member of the school staff who has been directed by us (the parents/Guardians) and the School Administrator

Signature of Parent/Guardian _____

Date _____

I authorize my child's physician to release any information necessary regarding this illness to the school nurse.

Signature of Parent/Guardian _____

Date _____