

# Rx

## MONONA GROVE SCHOOL DISTRICT REQUEST FOR ADMINISTERING PRESCRIPTION MEDICATION

# Rx

Monona Grove High School 4400 Monona Dr, Monona, WI 53716 608-221-7666 fax: 608-221-7690	Glacial Drumlin School (gr. 6-8) 801 Damascus Tr. Cottage Grove, WI. 53527 608-839-8437 fax: 608-839-8984	Cottage Grove School (gr.1-2) 470 N. Main St, Cottage Grove, WI 53527 608-839-4576 fax: 608-839-4439
Winnequah School (gr. EC, 4K-5) 800 Greenway Blvd. Monona, WI. 53716 608-221-7677 fax 608 223-6514	Granite Ridge School (gr. 3-5) 4500 Buss Rd. Cottage Grove, WI. 53527 608-839-8980 Fax: 608-839-9345	Taylor Prairie School (EC, 4K-K) 900 N Parkview St, Cottage Grove, WI 53527 608-839-8515 fax: 608-839-8323

### PHYSICIAN'S STATEMENT (we urge that all instructions be stated in language of the lay person)

I request that \_\_\_\_\_ receive the medication listed below  
child's name  
 for the period from \_\_\_\_\_ to \_\_\_\_\_.  
date date

The medicine is to be furnished by the parent in the original container from the pharmacy which should included the child's name, physician's name, name of the drug, the dosage, the times of the day to be given, and the name and number of the pharmacy.

Name of Drug \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Day to be Given \_\_\_\_\_

(Medication for noon will be given BEFORE lunch unless otherwise specified)

As the child's physician I agree to accept direct communication from the person dispensing or administering the medication.

The following are specific conditions under which I should be contacted regarding the condition or reaction of the child receiving the medication:

\_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Fax: \_\_\_\_\_

### PARENT'S STATEMENT

I request that my child \_\_\_\_\_ receive the above-mentioned medication according to the physician's orders as stated above.

I give my permission to school personnel to contact my child's physician. I agree to provide a new medication form if there is any change in the above orders.

I further agree to hold the MGSD, and their authorized personnel harmless in any or all claims arising from the administration of this mediation.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_