



School Medication Consent

Today's Date _____

Student's Full Legal Name (first, middle, last) _____ Grade _____

Child's Gender Male Female Child's Date of Birth (month/day/year) _____

Parent / Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Diagnosis(es): _____

Prescription medication orders must be completed by practitioner ONLY

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Comments: _____

PARENT/GUARDIAN: *I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.*

Parent/Guardian Signature _____ **Date** _____

PRACTITIONER: Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

Practitioner Signature _____ **Date** _____

Practitioner Name: _____

Practitioner Address: _____ **Phone Number** _____

Wausau School District

Medication Information for Parents

Administration of any medication to students is governed by Wisconsin Statute 118.29.

General Information:

- Medication will only be accepted at school in original containers, or labeled pharmacy bottles. Medication must be transported to and from school by an adult.
- Students with permission may carry and self-administer their asthma inhaler, epinephrine, or insulin. Contact your school nurse to make arrangements if your child needs to carry other medications.
- Antihistamines for environmental allergies (e.g. Claritin, Zyrtec) should be given once daily at home.
- Antibiotics prescribed three times a day should be given at home: morning, after school, and at bedtime.
- School staff may not administer narcotic pain medication to students.
- Medication containing aspirin requires a signature from a medical practitioner.

Prescription Medication:

- Prescription medications require practitioner signature. To assist you, staff can FAX the form to your practitioner for signature.
- Medications should be in a pharmacy container, with pharmacy label listing student's name, medication name, dosage and schedule.
- Information listed on the School Medication Consent form must match the information on the pharmacy container (medication name, dose, time given.)
- Change in medication, dose or time requires an updated School Medication Consent form and a pharmacy bottle with an updated label.

Over-The-Counter Medication:

- The School Medication Consent form does not require a medical practitioner signature unless the dose requested exceeds package instructions or contains aspirin.
- Over-the-counter medication not FDA approved, including essential oil and herbal treatment, should be given at home. If required at school, it must have a practitioner signature for administration at school by school staff.
- Melatonin to be given at the School Forest or on an overnight field trip requires a practitioner signature.