Rx

MONONA GROVE SCHOOL DISTRICT

REQUEST FOR ADMINISTERING

PRESCRIPTION MEDICATION

Rx

Monona Grove High School 4400 Monona Drive Monona, WI 53716 608-221-7666 fax: 608-221-7690	Cottage Grove School 470 N. Main Street Cottage Grove, WI 53527 608-839-4576 fax: 608-839-4439	Granite Ridge School 4500 Buss Road Cottage Grove, WI 53527 608-839-8980 fax: 608-839-9345	Winnequah School 800 Greenway Road Monona, WI 53716 608-221-7677 fax: 608-223-6514
MG21 5301 Monona Drive Monona, WI 53716 608-316-1924 fax: 608-221-7662	Glacial Drumlin School 801 Damascus Trail Cottage Grove, WI 53527 608-839-8437 fax: 608-839-8984	Taylor Prairie School 900 N. Parkview Street 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:_____

form revised 5/11 LH form available at www.mononagrove.org