## NON-PRESCRIPTION MEDICATION CONSENT FORM Luxemburg-Casco School District \_\_\_\_\_\_school year

It is our goal at Luxemburg-Casco Schools to have all medication locked and protected from student misuse. While we discourage the use of medication at school, we understand minor discomforts may occur while your child is in attendance. We have a limited supply of the following over the counter medications your child may need during school hours: Acetaminophen, Ibuprofen, cough drops, antacid tablets (Tums), Benadryl tablets and cream. If your child takes any of these medications frequently, we request that you bring a bottle from home to keep at school in the nurse's office.

I authorize trained Luxemburg-Casco school personnel to administer medication for my child. I agree to hold the School District and its employees acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school. In lieu of an emergency in which I can not be reached, I give my authorization to contact our physician directly.

Name of student:			Grade:	
Parent/Guardian Name:			Date:	
Parent/Guardian Signature:				
Phone: Home	Cell		Work	
Physician Name:				
Clinic Name:		Clinic Phone:		

This form must be completed and returned to enable your child to receive non-prescription medications supplied by the district for the school year.

For any questions regarding medication or health concerns, please contact your child's school nurse or certified medical assistant.

Primary School:	Jennifer Hetrick CMA (920)845-2315 x208	jhetrick@luxcasco.k12.wi.us
Intermediate School:	Jennifer Hetrick CMA (920)845-2371 x113	jhetrick@luxcasco.k12.wi.us
Middle School:	Gina Enderby RN (920)845-9525 x306	genderby@luxcasco.k12.wi.us
High School:	Gina Enderby RN (920)845-2336 x483	genderby@luxcasco.k12.wi.us