

NON – PRESCRIPTION MEDICATION PERMISSION FORM

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION PROVIDED BY PARENT//GUARDIAN
(Wisconsin Statute 118.29)

ONE CHILD AND MEDICATION PER FORM

I REQUEST THAT (child's name) _____ GRADE _____

RECEIVE THE FOLLOWING OVER THE COUNTER MEDICATION*:

NAME OF MEDICATION _____

AMOUNT TO BE GIVEN _____

TIME OF DAY TO BE GIVEN _____

EXPIRATION DATE OF MEDICINE _____

START: date form is received at school other date _____

STOP: end of school year/
end of summer session other date/
duration _____

PARENT SIGNATURE _____ DATE _____

*THE MEDICATION MUST:

- BE IN ORIGINAL CONTAINER
- INCLUDE CHILD'S NAME ON ORIGINAL CONTAINER
- BE UNEXPIRED
- BE PICKED UP BEFORE THE LAST DAY OF SCHOOL IN JUNE
(any meds left after students leave for the summer will be discarded)

NOTE: THIS FORM IS VALID FOR ONE SCHOOL YEAR and/or SUMMER SESSION

Med. Code

Location

NONPRESCRIPTION MEDICATION FLOW SHEET

NAME _____ GRADE/TEACHER _____

MEDICATION _____ DOSE _____

ADDITIONAL INFORMATION _____

RECEIVED BY _____ DATE _____

MEDICATION EXPIRATION DATE _____

DATE	TIME	INITIALS	DATE	TIME	INITIALS	DATE	TIME	INITIALS

INITIALS	DISPENSED BY SIGNATURE	INITIALS	DISPENSED BY SIGNATURE