



Stock Medication Consent Form Grades 8-12

6300 Alderson Street
Weston WI 54476

Under the standing orders of the district medical director, staff is allowed to give students in grades 8-12 over the counter (OTC) medication as listed below after written signed instructions are received from parent/guardian.

It is understood that:

1. Staff will give the medication checked below to the student as needed
2. Students will be allowed to take one (1) dose of the medication each day, up to (3) doses a week.
3. Parents will be called if:
 - the student takes three (3) or more doses of the over the counter medication in one week
 - the medication does not resolve the problem
4. Staff can only give the medication in the dose listed to the student.
5. Parent/guardians need to complete a Medication Consent Form (5330 F1) if the dose of the over the counter medication exceeds the manufacturer's guidelines and/or the dose listed.

Name of student: _____
Address: _____
School: _____

Date of Birth: _____
Phone: _____
School Year: _____ Grade: _____

MEDICATION INSTRUCTIONS

Initial medications from the list below that your student can receive if needed. **Parent/Guardian initials and date REQUIRED** before the medication can be given to the student.

| DATE | INITIALS | MEDICATION | DOSE | FREQUENCY |
|------|----------|---------------|----------------------|--------------|
| | | Ibuprofen | 200mg Give 1-2 tabs | Every 4-6 hr |
| | | Acetaminophen | 325 mg Give 1-2 tabs | Every 4-6 hr |

Reason for Medication: (Check all that apply)

- Headache
 Menstrual Cramps
 Dental care

WARNING: Acetaminophen (Tylenol) should not be used by those with liver disease or hypersensitivity/allergic reaction.

WARNING: Ibuprofen should not be used by those with kidney disease, stomach disorders such as bleeding or ulcers, an aspirin allergy or hypersensitivity/allergic reaction

PARENT/GUARDIAN CONSENT

I give permission for the following OTC medications to be given to my student if needed. My consent is for the duration of the current school year. My signature verifies that I have read and fully understand the information above and it is safe for my student to take these medications.

Parent/guardian signature

Date