

**Medication Administration**

This form must be filled out each school year and returned to the office for your child to receive any medications during school hours. For prescription medications, this form **AND** a form from your child’s physician must be filled out prior to the administration of any prescription medication during school hours/school functions each school year.

- Over-the-counter (OTC) medications provided by a parent must be in the original labeled containers or it will NOT be administered.
- All medications must be administered according to labeled directions.
- All medications must be labeled with the student’s name.
- Prescription medication must be in the original container with a current pharmacy label that includes: patient name, medication name, dosage, route of administration, frequency, and physician name.
- If the prescription medication needs to be taken at home and at school, have the pharmacy provide another container with a pharmacy label that can be kept at school.
- All medications must be kept in the health office unless a signed physician’s order is received for the child to self-carry (valid for inhaler and/or EpiPen only).
- If your child needs to take their medication with anything besides water, it must be provided by the parent.

Student Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Student’s **medication allergies:** \_\_\_\_\_

Non-prescription medications/ointments that may be given to student on a “as needed” basis for headache, stomachache, pain, sore throat, cough, etc may include, but not limited to: acetaminophen, ibuprofen, Benadryl, Claritin, TUMS, cough drop, topical ointments, etc. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school.

I hereby authorize the designated school staff to supervise and/or dispense non-prescription and/or prescription medication to my child. I further agree to hold the designated person(s) and any/all school district employees harmless in any and all claims arising from the administering of medication at school. This will be effective for the 2024-2025 school year.

**Parent/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**At the end of the school year (circle one):** Send home      Will pick up      Dispose

**Preference for communications (circle one):** Letter      Email      Phone

Have your child’s physician fax a  
**School Medication Administration Order** to  
715-652-2836 (Elementary) or 715-652-6322 (MS/HS)