

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 _____

PARENT/GUARDIAN 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