



School Medication Consent

Today's Date _____

Student's Full Legal Name (first, middle, last) _____ Grade _____

Child's Gender Male Female Child's Date of Birth (month/day/year) _____

Parent / Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Diagnosis(es): _____

Prescription medication orders must be completed by practitioner ONLY

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Medication Name: _____
Administration Instructions (Dose/Route/Time/s): _____
Effective Date: School Year 20 ____ to 20 ____ (including summer school) OR From _____ to _____

Comments: _____

PARENT/GUARDIAN: *I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.*

Parent/Guardian Signature _____ **Date** _____

PRACTITIONER: Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

Practitioner Signature _____ **Date** _____

Practitioner Name: _____

Practitioner Address: _____ **Phone Number** _____

Wausau School District

Medication Information for Parents

Administration of any medication to students is governed by Wisconsin Statute 118.29.

General Information:

- Medication at school must be in the original container or labeled pharmacy container.
- Medication must be transported to and from school by an adult.
- Medications not picked up by the last day of school will be properly disposed of.
- The School Medication Consent form must be completed each school year.
- Students with permission from a practitioner and parent/guardian may carry and self-administer their emergency medication (ex. inhaler, epinephrine, diabetic medications). All other medication must be kept in the health office. Contact your school nurse to make arrangements if your child needs to carry other medications.
- The school will provide basic supplies (medication cups, paper cups for water). The parent or guardian is responsible for providing other specific supplies that are needed for administration.
- When possible, all medications should be administered at home, before or after school hours.
- School staff may not administer narcotic pain medication to students.

Prescription Medication:

- Prescription medications require a School Medication Consent form signed by a practitioner and parent or guardian.
- Medications should be in a pharmacy container, with a pharmacy label listing student's name, prescriber's name, medication name, dosage and schedule.
- Information listed on the School Medication Consent form must match the information on the pharmacy container.
- Change in medication, dose or instructions requires an updated School Medication Consent form and a pharmacy bottle with an updated label.

Over-The-Counter Medication:

- The School Medication Consent form does not require a practitioner signature unless the dose requested exceeds the package instructions or contains aspirin.
- Over-the-counter medication not regulated by the FDA, including essential oil, melatonin, CBD, and herbal treatments, should be given at home. If required at school, it must have a practitioner signature for administration at school by school staff.
- Students at secondary schools are permitted to carry and self-administer cough drops/throat lozenges.
- All students may carry and apply FDA approved, over-the-counter sunscreen with a consent form signed by a parent or guardian.
- Ibuprofen and acetaminophen are supplied for students in grades 7-12. A parent or guardian must complete the Acetaminophen/Ibuprofen Consent form each school year.

The District does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, or any other characteristic protected by law in its practices. (Updated 10.08.24)