SCHOOL DISTRICT OF LODI

District Office	High School	Middle School	Elementary School	Primary School
115 School Street	1100 Sauk Street	900 Sauk Street	101 School Street	1307 Sauk Street
608-592-3851	608-592-3853	608-592-3854	608-592-3842	608-592-3855
Fax: 608-592-3852	Fax: 608-592-1045	Fax: 608-592-1035	Fax: 608-592-1025	Fax: 608-592-1015

Medication Consent Form

Grades 9 through 12

(see parent responsibilities on the back of the form)

Student:	Date of Birth:	School:	Grade

Section 1: Prescription Medications

Medication Name:	Route*	Dose	Time	Reason/Diagnosis	**Medication Administered By:** Note: no prescribed medication can be carried by a student unless it's a Inhaler or EpiPen
					☐ Staff ☐ Student (self Carry)_
					☐ Staff ☐ Student (self Carry)
					☐ Staff ☐ Student (self Carry)

*Route = oral, inhaled, topical, injection, etc **ALL PRESCRIPTIONS must be in the original container from the pharmacy.

Section 2: Over-The-Counter (OTC) Medications

Medication Name:	Route *	Dose	Time	Reason/Diagnosis	Medication Administered By:
					☐ Staff ☐ Student (self Carry)
					☐ Staff ☐ Student (self Carry)
					☐ Staff ☐ Student (self Carry)

*Route = oral, inhaled, topical, injection, etc **All over-the-counter medications must be in the original container.

Practitioner Information/Consent

This section must be completed whenever the following conditions exist:

- Any prescription medication
- Any OTC medication given outside the recommended the dosage on the manufacturer's label

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

Practitioner Name____Phone:___________________________________

Practitioner Signature:____Date:_____________________

Parent Consent for Medication Administration:I hereby give permission to designated school personnel to communicate with the healthcare provider as allowed by HIPAA and further authorize notification school personnel of medication administration and possible adverse effects of the medication. I will keep the school district aware of any changes in medication or health concerns for my student. **Administration of medication of staff:** I hereby give permission to designated school personnel to give medication to my student according to the written instructions of the practitioner as shown on this form. I agree that the School District of Lodi and its employees who are acting within the scope of their duties are harmless from any and all claims arising from the administration of this medication. Permission from parent/guardian to self administer over-the-counter medications: My student is capable of carrying and self-administer over-the-counter medication in a safe manner. I understand if my student does not safely and appropriately use their medication safely then the privilege can be taken away per our Medication Policy. ☐ Yes ☐ No

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Stock Medication in the Health Office: Check the medications you would want your child to have if needed.

▢ Burn Cream ▢ Cough Drop ▢ Hydrocortisone Cream ▢ Sting Relief ▢ Triple Antibiotic Ointment

Parent/Guardian Signature____Date____________________

Parent Responsibilities Regarding Medication At School

When a student needs to take medication during school hours, per state law, there are guidelines that must be followed before this can occur. Medication administration in school is governed by Wis. Stat sec.11. The policies that are in place are for the health and safety of the students.

Parent Responsibilities:

- Prescription medication requires both a physician and parent/guardian signature.
- Over-The-Counter medication will only need a parent/guardian signature as long as it is within the therapeutic dose listed on the medication packaging.
- All medications should be delivered to the school office by parent/guardian.
- Parent/Guardian will supply the medication in the original container. Extra prescription labeled bottles can be obtained from your pharmacy upon request for when a dose needs to be divided between home and school.
- Medication forms are only good for the school year.
- Parent/Guardian will update the school if there are any changes in medication that needs to be made at school.
- If a medication is no longer needed at school then it’s the parent/guardian responsibility to pick up the remaining medication at school. Medication will not be sent home with the student unless it’s rescue medication such as an EpiPen or Inhaler. If medication is not picked up by the parent/guardian it will properly be disposed of according to the medication safety guidelines.
- Students may be permitted to carry travel size (less than 50 tablets) supply of over-the-counter medication and self administer if the medication consent form is completed.