



Stoughton Area School District

Parent/Guardian Consent for Medication Administration/Procedures

Fox Prairie Phone: 608-877-5104 Fax: 608-877-5184	Kegonsa Phone: 608-877-5204 Fax: 608-877-5278	Sandhill Phone: 608-877-5404 Fax: 608-877-5408	River Bluff Phone: 608-877-5504 Fax: 608-877-5508	High School Phone: 608-877-5664 Fax: 608-877-5619
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Student's Full Name:	Date of Birth:
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I agree to hold Stoughton Area School District, its employees, and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school. I hereby give permission to the school nurse or designee to contact the prescribing provider as needed. I give consent for this information to be shared with relevant staff. I agree to contact the school if any changes occur with the above request. I give permission for school personnel to administer the medication(s) listed as directed. I understand that controlled substances (e.g., Ritalin, Adderall, Xanax) must be delivered directly to the school health office. Any medication not picked up by the end of the school year will be destroyed.

_____ **Emergency Self-Admin (All Ages):** Emergency Self-Admin & Carry (All Grades - Wis. Stat. § 118.291) : I permit my child to carry and self-administer emergency medication (EpiPen, Inhaler, Glucagon, etc). Privileges may be revoked if abused.

_____ **Self-Admin (SHS Only):** I permit my High School student to carry/self-administer non-controlled meds that are listed. **Controlled substances CANNOT be self-carried.**

Medication Name	Strength / Dose	Route	Frequency	Duration/ Time
				Start/End Date: Time:
				Start/End Date: Time:
				Start/End Date: Time:

Parent/Guardian Name:		
Parent/Guardian Signature:		Date:

Practitioner Signature (Required*):		Phone Number:
Practitioner Name:		Fax Number:

The provider must sign for all prescription medications Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect, and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in the language of the layperson.