

Authorization for Administration of Non-Prescription Medication during School Hours

Non-prescription drugs may be dispensed by designated school personnel only after the parent has provided written consent and instructions for dispensing the drug. Whenever possible these medications should be given at home.

Medication **must** be supplied in the **original** container or packaging. For safety and liability reasons, **medication received in any container other than the original will not be acceptable for school administration.** Note - the 1983 Wisconsin Act 334 states that no school employee except a health professional may be required to administer a drug to a pupil by other than ingestion or oral means.

Student name _____ Date of birth _____ Grade _____

Parent/Guardian _____ Daytime phone _____

Medication _____ Dosage _____

Form: Tablet Capsule Liquid Ointment Eye/ear/nose drops Inhalation

Time to be given _____

If given on an "as needed" basis, please describe indication for when it should be given _____

How often may it be repeated _____

Reason for this medication _____

Date to begin _____ Date to end _____

Yes No I give permission for my child (in grades 5-8) to carry and self administer this medication. If the medication is self administered, the teacher will not record the information on the **Individual Medication Record** form.

Parent/Guardian Signature _____ Date _____