



801 Second Street
Port Edwards, WI 54469
Phone: 715-887-9000
www.pesd.k12.wi.us

Parent/Guardian Non-Prescription Medication Consent Form

Name of Student _____ Date of Birth: _____ Grade ___

I give permission for my son/daughter to receive medication during school hours and during school sponsored activities/field trips that occur after hours. I will be responsible for:

1. Delivery of medication: Non-prescription medication must come to school in the original manufacturer's packaging and be labeled with the student's name. The recommended therapeutic dose on the package will be followed unless otherwise indicated by the parent/guardian below. Medication must be delivered by parent/guardian.
2. Maintaining a sufficient supply of medication. Empty bottles will be disposed of by school staff unless informed otherwise.
3. Keeping school personnel informed of changes in the medication (dosage,time)
4. Understanding that the above information may be shared with necessary school personnel.

I hereby release the board of education and its employees from any liability that may result from my child taking this medication. I understand that non-prescription medication will only be administered if it is FDA approved and may be administered by non-medically trained personnel. I am aware that any non-prescription medication intended for long-term use on a daily basis must be accompanied by a practitioner's signature. I understand that this medication consent is good for the entirety of the school year (and summer school if needed) unless I notify health office staff.

Medication: _____ **Dosage:** _____ **Time:** _____

Medication to be administered for the following conditions:

- ___ Headache
- ___ Common Cold Symptoms/Sore Throat
- ___ Mild Musculoskeletal Pain
- ___ Fever
- ___ Menstrual Cramps
- ___ Other: _____

At the end of the school year please:

- Contact me to pick up remaining medication**
- Dispose of remaining medication**
- Send medication home with my student**

Parent/Guardian Signature: _____ **Date:** _____

