

## School Provided Parent/Guardian Medication Consent

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

As a courtesy, Acetaminophen, Antacids, Cough Drops and Ibuprofen will be available to students on a limited term basis as needed. Non-medication interventions (ice, heat, water, elevation, etc) will always be attempted prior to administering medication. Parent/guardian consent is needed for students to receive these medications. School supplied medications will not be given to students more than five times during the school year. A letter will be sent home, alerting you that your child has depleted their doses for the school year. School supplied medications will only be given to students during the school day, they will not be available on school sponsored trips, athletic events or after school activities. Medications will be dosed based on package instructions.

Medication	Yes	No
Acetaminophen		
Antacids		
Cough Drops		
Ibuprofen		

*I hereby give permission for designated school staff to give the selected medications to my student during the school day. I also give my permission for the school nurse/health staff to contact my child's physician if necessary. I give my permission for staff to notify other school personnel of medication administration and possible side effects. I agree to hold the Port Edwards School District and its employees harmless in any or all claims arising from the administration of this medication and notify the school if I wish to make any changes to the above consent. My signature indicates I have read and understand the above information.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

