SCHOOL DISTRICT OF THREE LAKES ~ MEDICATION CONSENT FORM

Student Name:	DOB:	Parent Name:
School:	Grade:	Primary Phone:

Note: All medications (both prescription and over-the-counter) are to be furnished by the parent and are to be in an original container or they will not be administered. If a prescription medication, ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school. (Temporary orders from medical personnel written on prescription pads or faxed will be accepted for a period of (7) days from the date of the order.)

OVER-THE-COUNTER MEDICATIONS (NON-PRESCRIPTION) MEDICATIONS:

Medication Name	Dosage	Route	Time	Start Date	End Date	Possible Side Effects	Reason for Medication

PRESCRIPTION MEDICATIONS (to be completed by Practitioner):

Medication Name	Dosage	Route	Time	Start Date	End Date	Possible Side Effects	Reason for Medication
Direct contact should be made with the physician should the student receiving the medication develop any of the following conditions to the medication (if none, so state:)							

Date:	Physician Name:	Phone Number:	Clinic Name:
Physician Signature:		Fax Number:	Clinic Address:

PARENT/LEGAL GUARDIAN CONSENT (needed for all medication at school):

I hereby give permission for school personnel to administer the above medication(s) to my child according to practitioner's and/or my instructions and authorize them to contact the practitioner if there is a question or concern. I authorize the practitioner to render treatment to my child, as appropriate and necessary, arising out of administration of the medication. As parent/guardian of the above listed student, I will keep the school district aware of any changes in medications or health concerns for my child. I further agree to hold the School District of Three Lakes and all employees harmless in any and all claims arising from the administration of this medication at school.

Date:	Signature of Parent/Guardian:	Staff Initials and Date:

REFERENCE: Wisconsin Statute 118.29

08/2020