

NON – PRESCRIPTION MEDICATION PERMISSION FORM

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION PROVIDED BY PARENT/GUARDIAN
(Wisconsin Statute 118.29)

ONE CHILD AND MEDICATION PER FORM

I REQUEST THAT (child's name) _____ GRADE _____

RECEIVE THE FOLLOWING OVER THE COUNTER MEDICATION*:

NAME OF MEDICATION _____

AMOUNT TO BE GIVEN _____

TIME OF DAY TO BE GIVEN _____

EXPIRATION DATE OF MEDICINE _____

START: date form is received at school other date _____

STOP: end of school year/
end of summer session other date/
duration _____

PARENT SIGNATURE _____ DATE _____

*THE MEDICATION MUST:

- BE IN **ORIGINAL CONTAINER**
- INCLUDE **CHILD'S NAME** ON ORIGINAL CONTAINER
- BE **UNEXPIRED**
- BE PICKED UP BEFORE THE LAST DAY OF SCHOOL IN JUNE
(any meds left after students leave for the summer will be discarded)

NOTE: THIS FORM IS VALID FOR ONE SCHOOL YEAR and/or SUMMER SESSION