



# Appleton Area School District

HEALTH SERVICES \* P.O. Box 2019, Appleton, WI 54911 \* 920-997-1399 ext. 2106

## ADMINISTRATION OF MEDICATION CONSENT

*Note: Return the completed form to the main office.*

School FAX #: \_\_\_\_\_

*One form for each medication given at school.*

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

School of Attendance: \_\_\_\_\_ Grade/Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication Name/Strength: \_\_\_\_\_  Prescribed\*  Non-Prescribed

Dosage: \_\_\_\_\_ How Given: \_\_\_\_\_ Time to be Given: \_\_\_\_\_  
(in mg, ml, etc.)

Should medications be given on Late Start School Days (school starts two hours late)?  Yes  No If yes, what time? \_\_\_\_\_

Dates Effective (check one):  School Year \_\_\_\_\_ **OR**  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_

Medication expiration date, if listed on medication: \_\_\_\_\_  
*Expired medication cannot be administered at school. Please make every effort to provide medication that doesn't expire during the school year.*

Reason for Medication: \_\_\_\_\_

If "as needed," list conditions under which medications should be given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

**\*Prescribing Practitioner authorization is REQUIRED for all medications that are: prescription or non-FDA approved or in dosages that exceed typical recommendations.**

\*Prescribing Practitioner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(please print)

\*Prescribing Practitioner's signature: \_\_\_\_\_  
(please sign)

**I hereby give my permission to school personnel to give this medication to my child according to the directions stated above and to contact the child's practitioner if necessary. I further agree to hold the Appleton Area School District and above person harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school in writing when any change in the above order is necessary.**

\_\_\_\_\_  
(Signature of Parent) (Date)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I agree to allow my child to transport the medication package (filled or empty) to and from school for the purpose of maintaining medication needed at school for administration and bringing home medication at the end of the school year.

YES  NO