



Parent Request for School Personnel to Administer Medication to Student

Student's Name _____ Grade _____ School _____

In effect for school year _____ (list year) or until _____ (list end date)

*** One Medication per Form ***

Name of Medication _____

Reason for giving medication _____

Dosage and time schedule _____

Possible adverse signs or side effects of medication _____

Name of Physician _____ Phone _____

For inhalers: Student will ___ carry or ___ have in office (check one)

**For inhalers/epi pens: Student will ___ take on field trips ___ needed for sports ___ needed for outdoor activities

****It will be the parent's responsibility to be sure the student has inhaler or epi pen available if needed for field trips and/or sports events and/or outdoor activities.****

Signature of Physician (required for any prescription medication given at school or student-carried inhalers per Wisconsin Law)

_____ Date _____

Signature of Parent (required for any medication given or carried at school)

_____ Date _____

Note: The parent is to provide a properly labeled bottle. The label on prescription bottles shall contain the name and telephone number of the pharmacy, the student's name, the name of the physician, name of the drug, and the dosage to be given. Over-the-counter medication (Tylenol, etc) must be in the original container and be clearly marked with the child's name, dosage and directions.

Medication Supply Maintenance: Each school handles refills of medication supply differently. Check with your child's school office for their procedure. **Any medications left at the end of the school year will be discarded******

(for office use only)

Person in school to administer medication: Greendale School District – Trained Personnel

Signature/Stamp of School Nurse _____ Date _____

Signature of Principal _____ Date _____

Greendale School District Fax Numbers: Greendale High School 414-423-1667; Greendale Middle School 414-423-2806, Canterbury Elementary 414-423-2994, College Park Elementary 414-423-2852, Highland View Elementary 414-423-8357