

Non-Prescription Medication Administration Form

The School District of the Menomonie Area requires that all students who need non-prescription medication during school hours do the following:

1. Have the parent/guardian complete this medication administration form and sign it.
2. Bring the medication in the original container.

Student's Name: _____ **Date of Birth:** _____

Name of School: _____ **Grade:** _____

TO BE COMPLETED BY PARENT

Menomonie School District is authorized to give the following medication(s) to the above student.

Medication(s)	Dosage	Time to be given at school	Start Date	Stop Date	Considerations/Side Effects/Special Instructions
1.					
2.					
3.					

For the treatment of : _____

- I must provide medication(s) in the original container labeled clearly with the child's name and dosing information.
- I will keep the district aware of any changes in medication(s) profile or health concern for my child. I will provide the school with a new School Medication Administration form whenever there is a change in the medication or its instructions.
- I will notify the school in writing when the medication is discontinued and I will pick up the medication.
- I understand that I will pick up the medication at the end of the school year. I understand any unused medication not picked up by the end of the school year will be disposed of by school personnel.

Parent/Guardian Signature _____ **Phone Number** _____ **Date** _____

Emergency Contact Person _____ *Phone Number* _____ *Date* _____