

School District of Elmwood
213 S. Scott Street
Elmwood, WI 54740
715-639-2711 Fax 715-639-3110

Administration of Non-Prescription Medication

School District Does Not Supply Medication

Name of Child: _____ DOB: _____ Grade: _____
--

Medication Information	
Drug Name _____	Dosage _____
Frequency _____	
Time _____	Route: _____
Start Date : _____	Stop Date: _____
Reason for medication: _____	
My child has allergies to: _____	

Parent Signature and Information	
<ol style="list-style-type: none">1. I request this medication be given as directed. I understand I must provide this medication in the original container labeled clearly with the child's name.2. I understand that if the above medication instructions exceed the recommended therapeutic dosage by the manufacturer, a practitioner signature will be required.3. I understand that written instructions must be provided when there is a change in medication, including but not limited to medication type, dosage or timing.4. I will notify the school in writing when the medication is discontinued and I will pick up the medication within 7 days of it being discontinued.5. I will pick up any unused medication within 7 days after the school year ends. If my child is attending summer school, I will pick up the medication by the last day of summer school.6. I understand that medication orders must be renewed annually.	
Parent/guardian signature: _____	DATE: _____
Print name: _____	PHONE: _____