



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

### SCHOOL INFORMATION

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|--|---|--|--|
| <input type="radio"/> Little Prairie Primary School<br>2109 Townline Rd, East Troy<br>P: 262-642-6730, F: 262-642-2724 | <input type="radio"/> Prairie View Elementary School<br>2131 Townline Rd, East Troy<br>P: 262-642-6720, F: 262-642-6788 | <input type="radio"/> East Troy Middle School<br>3143 Graydon Ave, East Troy<br>P: 262-642-6740, F: 262-642-6743 | <input type="radio"/> East Troy High School<br>3128 Graydon Ave, East Troy<br>P: 262-642-6760, F: 262-642-6776 |
|--|---|--|--|

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gr: \_\_\_\_\_ Sex:  M  F  
 Parent's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### NON-PRESCRIPTION MEDICATION INFORMATION

Non-prescription drugs may be dispensed by designated school staff only after the parent has provided written consent and instructions for dispensing the drug to the building principal and/or school nurse. If possible these medications should be given at home.

\*\*\*ALL MEDICATION MUST BE SUPPLIED IN THE ORIGINAL CONTAINER/PACKAGING.\*\*\*

For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. Individual dose bubble packs outside of the original box with dosing and active ingredients will not be accepted. Written instructions from the parent may not exceed the manufacturer's recommended dosage or frequency.

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Route:  Oral  Inhalation  Eye/Ear/Nose Drops  Topical  Other: \_\_\_\_\_  
 Time of day to be given: \_\_\_\_\_  AM  PM Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 If PRN, describe indication(s): \_\_\_\_\_ If PRN, how often can it be repeated: \_\_\_\_\_  
 I give permission for my child (grades 6-12) to carry and self-administer this medication.  
 (Exception- NO student may carry and self administer controlled substances i.e. stimulant meds for ADHD).

### PARENT/GUARDIAN SIGNATURE

I hereby release the Board of Education and its agents and employees from any and all liability that may result from my child taking the above medication.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The 1983 Wisconsin Act 334 states that no school employee except a health professional may be required to administer a drug to a pupil by other than ingestion or oral means.