



EAST TROY

COMMUNITY SCHOOL DISTRICT

AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Leona Doubek Elementary

Phone: 262-642-6730

Fax: 262-642-6723

Prairie View Elementary

Phone: 262-642-6720

Fax: 262-642-6788

East Troy Middle School

Phone: 262-642-6740

Fax: 262-642-6743

East Troy High School

Phone: 262-642-6760

Fax: 262-642-6776

Last Name: _____ First Name: _____ Date of Birth: _____ M F

Parent's Name: _____ Home #: _____ Cell #: _____

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)

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.