



Whitefish Bay
SCHOOL DISTRICT
An Exceptional Place to Learn

Medication Consent Form

It is the policy of the Whitefish Bay School District, along with the recommendation of the Department of Public Instruction, that any and all medications which must be taken at school are to be administered by the school health aide when there is one in attendance.

Student Name: _____ **Grade:** _____

Check the box below to provide your consent:

The health aide has my permission to administer the listed medication as directed.

School staff may contact our physician, **Dr.** _____ **at** _____ **(phone number)** if more information is needed to exercise prudent judgment for the safety and protection of the student.

Prescription Medication: All prescription medications need to be brought to the school health room by a parent or other responsible adult. Prescription medications must be in the original packaging provided by the pharmacy and must include the following information:

- Student Name
- Prescribing physician's name
- Name and phone number of the pharmacy
- Name of the medication, dosage, and frequency that it should be given

Name of Medication: _____ **Number of units received:** _____

Strength of Medication: _____ **Dosage & Frequency:** _____

Time of administration: _____

Over the Counter Medication (Non-Prescription Medication): All over the counter medications need to be brought to the school health room by a parent or other responsible adult. All over the counter medications need to be in their original bottle or packaging.

Name of Medication: _____ **Number of units received:** _____

Dosage & Frequency: _____ **Time of administration:** _____

Administration of Missed Dose

Check the box below to provide your consent:

If my student forgets to take their medication before the start of the school day, the health room aide can provide my student with the missed dose. This requires me to call the health room to confirm that my student missed the dose.

Parent/Guardian Signature: _____ **Date:** _____

Pursuant to the provisions in section 118.29 Stats., persons administering medication are immune from civil liability for any acts or omissions in administering a drug to a pupil in accordance with School Board Policy 453.4 unless the act of omission constitutes a high degree of negligence.

[illegible]

Staff Name	Staff Initials Staff Name

9/97, 10/11, 8/14, 8/16, 2/25

Indicate if daily medication is not given
(absence, exams, etc.).