

**PRAIRIE DU CHIEN AREA SCHOOL DISTRICT PRESCRIPTION OR OTC
MEDICATION CONSENT FORM**

STUDENT INFORMATION:

Student's Name Date of Birth Grade

Medication / Procedure Dosage Frequency / Time

School Year / Effective Date Physician (PHYSICIAN SIGNATURE REQUIRED FOR PRESCRIPTION MED)

Reason for Medication / Procedure / Diagnosis

NOTES: For prescription medications: Signed Parent consent and signed Physicians' Order are required. For a two-hour delayed opening, medications scheduled to be given before 10:00 a.m. will NOT be given in school; other doses will be given according to the prescribed schedule.

PHYSICIAN ORDER: Complete for each prescription / medication/ procedure at school. The above medication/ procedure is to be administered during the school day in accordance with the above instructions. Please contact me if the following symptoms occur: _____

Does the child have any known allergies? Yes _____ No _____
If YES, list: _____
Additional information: _____

For asthma inhalers ONLY: Student may carry inhaler in school? Yes _____ No _____

For epinephrine auto-injectors or prefilled syringes ONLY: Student may carry in school?
Yes _____ No _____

Date Physician's Signature Telephone / Fax

PARENT CONSENT: Complete with each medication / procedure at school. I request that this medication / procedure be administered at school. Medication will be supplied in its original, properly labeled container. This order is in effect for this school year unless otherwise indicated. I will notify the school in writing of any changes and obtain a new physician order. I authorize the school nurse/ designee to administer medication / procedure and I authorize school personnel to contact my child's physician if needed. I also release the school district from any liability claims as a result of the administration of this medication or procedure as directed.

Date Parent / Guardian Signature Telephone

Please route to: Ashley Burns, MSN, BSN, RN School Nurse, 1901 E. Wells St., Prairie du Chien, WI, 53821
Phone: 608-326-3780 / Fax: 608-326-3708