PRAIRIE DU CHIEN SCHOOLS PRESCRIPTION OR OTC MEDICATION CONSENT FORM

STUDENT INFORMATION:

Student's Name	Date of Birth	Grade
Medication / Procedure	Dosage	Frequency

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

Reason for Medication / Procedure / Diagnosis

NOTE: For prescription medications: Signed Parent consent and signed Physicians' Order are required. School nurse will fax form to physician.

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:_____

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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_____

Date Physician's Signature Telephone / Fax

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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 for 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: Karen Reilly, R.N. School Nurse, 1901 E. Wells St., Prairie du Chien, WI, 53821
Phone: 608-326-0503 X 3264 / Fax: 608-326-5364