



MINERAL POINT SCHOOLS

Name _____

ID# _____

School _____

Date of Birth _____

MEDICATION PERMISSION AND INSTRUCTION FORM

To School Personnel:

I am requesting that my child, _____, receive prescription drugs at the time indicated and as designated below by his/her physician.

I will be responsible for bringing the prescription drugs to school in a labeled container from the pharmacist or druggist. I also understand that I am responsible for maintaining a sufficient quantity of the medication at the school to avoid any interruptions in the physician's orders. Failure to do this will result in termination of the school's administered medication program for my child.

I understand that, if my child refuses to take the prescribed drug(s), force will not be used by school personnel to make my child comply.

(signature of parent/legal guardian)

Date (Mo./Day/Yr.)



To School Personnel:

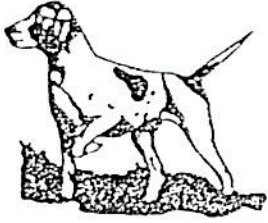
I am prescribing medication for _____ which is described as follows:

NAME OF MEDICATION (Generic & Trade Name)	DOSAGE	TIME (AM/PM)	POSSIBLE ADVERSE SIDE EFFECTS

The above orders shall be effective through _____ unless they are discontinued, changed by me, or withdrawn in writing by parent/legal guardian.

(Physician's Signature, Date, Telephone #)

For Over-the-Counter medicine only. Parent signature required to be valid.



MINERAL POINT SCHOOLS

Grade: _____ Date of Birth _____

NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION CONSENT FORM

NAME OF STUDENT _____

MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

PERIOD / LENGTH OF TIME TO BE GIVEN _____

REASON FOR TAKING MEDICATION _____

I AUTHORIZE THAT THIS MEDICATION BE GIVEN AS INDICATED TO MY SON/DAUGHTER.

Signature of Parent / Legal Guardian

Date

Please bring the medicine to school in its original container labeled with your child's name.

****Examples of over-the-counter medicine: Tylenol, Ibuprofen, Benadryl****