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:

<table>
<thead>
<tr>
<th>NAME OF MEDICATION (Generic &amp; Trade Name)</th>
<th>DOSAGE</th>
<th>TIME (AM/PM)</th>
<th>POSSIBLE ADVERSE SIDE EFFECTS</th>
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The above orders shall be effective through ________________________ unless they are discontinued, changed by me, or withdrawn in writing by parent/legal guardian.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 #)
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***

Revised 08-29-12