

2016-2017
MENASHA JOINT SCHOOL DISTRICT
ADMINISTRATION OF MEDICATION CONSENT

Name of Student _____ DOB: _____ Phone Number _____

School _____ Grade: _____

Medication Name _____

Dosage _____ Time to be Given _____

Route (Circle one): By Mouth Inhalation Injection

Start Date _____ Discontinue Date _____

Reason For Medication _____

Precautions _____

Prescribing Physician _____

Physician's Address _____ Physician's Phone _____

Physician's Signature _____

I hereby give my permission to school personnel to give the medication to my child according to the directions stated above and to contact the child's physician if necessary.

I understand it is my responsibility to see that the medication is delivered to the school office and to pick up any remaining medication within one week after the last day of the school year. Medication remaining at school beyond this stated time will be discarded.

I further agree to hold the Menasha Joint School District and above person harmless in any and all claims arising from the administration of the medication at school. I agree to notify the school in writing when any change in the above order is necessary.

Signature of Parent/Legal Guardian

Date

Signature of School Nurse

Date

Student's Name _____ Medication _____

School _____ Grade _____

School Year: 2016 – 2017 Time to Administer _____ Dosage _____ /Route _____

PLEASE ENTER TIME DRUG WAS GIVEN AND INITIAL (Initials = Swallowed without difficulty–1 unit)

	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
1			W			W			W		
2			W						W		H
3		W			W						W
4		W			W		W	W			W
5		H		W			W	W			
6				W						W	
7						W				W	
8			W	H		W			W		
9			W						W		
10		W			W						W
11		W			W		W	W			W
12				W			W	W			
13				W						W	
14						W			H	W	
15			W			W			W		
16			W						W		
17		W			W						W
18		W			W		W	W			W
19				W		H	W	W			
20				W		H	H			W	
21						W				W	
22			W			W			W		
23			W		H				W		
24		W		H	W						W
25		W		H	W		W	W			W
26				W	H		W	W			
27			H	W	H			H		W	
28			H		H	W		H		W	
29			W		H	W		H	W	H	
30			W		H			H	W		
31					W			H			
RN											
Sig											
n											

KEY: A = Absent R = Refused P = Problem noted, see comments O = No show W = Weekend H = Holiday N = No medication available
 FT = Field Trip

Staff Signature(s): _____

Comments: _____
