

# St. Edward School

## Nonprescription Medication Consent Form (Over-the-Counter Medication)

This form must be completed and on file in the school in order for designated school personnel to administer any medication according to Wisconsin State Statute 118.29.

Student \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Nonprescription medications in their original container (such as Aspirin/Tylenol/Benadryl) may be sent by the parent/guardian. This form must be on file for any nonprescription medication to be given.

Name and Dose of Medication	Form: Tablet, Pill, Caplet, other	Number to be taken	Approximate time of day	Name, Position of Designated Person to administer meds.

Please indicate if the above medication is (to be taken as needed)

Condition under which medication should be given \_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the written instructions.

I further agree to hold St. Edward School/Parish and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary. (Please note: **Any medication brought to school should be in the original labeled package.** Medication must be brought to the office by parent/guardian. I will be responsible for bringing in medication when container becomes empty, otherwise no medication will be given.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date