

Milwaukee Seventh-day Adventist School
(updated 7-1-19)

Parent/Guardian Consent Form for Non-Prescription Medication

Please print

This order and consent for medication is required to be completed and presented to the child's school before any medication may be administered to a child during the school day.

Name of Student: _____
Date of Birth: _____ Grade: _____
Address: _____
Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

- I grant permission to the persons designated by the principal to give medication(s) to my child according to the directions.
- As a Parent or guardian I understand that I must provide all medications to the school.
- All medications must be in their original containers and must have current dates. Any medications with expiration dates will be discarded.
- I release the school from any liability claims of the administration of this medication as directed.
- I understand that as the parent or guardian, I will be responsible to transport the medication to and from the school to the authorized personnel designated to give medications.
- I understand all medication must be picked up by the parent or guardian at the end of the school year or it will be destroyed.

MUST BE SIGNED IF MEDICATION IS TO BE ADMINISTERED BY THE SCHOOL:

Authorized school personnel may give my child medication as listed by parent, guardian or practitioner.

Signature of Parent or Guardian: _____

Date: _____

Name of **non-prescription** medication: _____

Give as needed per student's request, during entire school year, per instructions on packaging: Yes: _____ No: _____

OR

Student is to receive medication for _____ days only. (Maximum of 5 consecutive days without medical prescription)

Parental instruction on how medication is to be given. (Include Scheduled Time(s) for Dose and the Dosage:

