

**Milwaukee Seventh-day Adventist School**  
**(updated 7-1-20)**

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_