



# SCHOOL DISTRICT OF AMERY

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## BOARD OF EDUCATION MEDICATION POLICY

### PARENT MEDICATION CONSENT FORM

Parent/Guardian Responsibilities:

1. Notify the school of child's need.
2. Complete the "Medication Consent Form" permitting the school to give medication in the dosage prescribed by the physician and to communicate with the physician.
3. Deliver the physician instructions, parental authorization, and medication to the appropriate school.
4. The medication must contain a label with the child's name, drug, dosage, and time to be given and physician's name.
5. Written instructions must be obtained from the physician and delivered to the school each time there is a change in medication, dosage, or time to be given, or annually for long-term drug therapy.
6. Notify school when the drug is discontinued.

Full name of child \_\_\_\_\_

Name of drug and dosage \_\_\_\_\_

Time it is to be given \_\_\_\_\_

Name of physician ordering drug \_\_\_\_\_ Phone # \_\_\_\_\_

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

I further agree to hold the School District of Amery 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 order is necessary.

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

\_\_\_\_\_  
*Date*

Please return or fax to: School Nurse Amery Schools  
543 Minneapolis Ave S Amery WI 54001  
Phone: (715) 268-9771, Extension 265

Fax#: Lien Elementary School (715) 268-5633  
Amery Intermediate School (715) 268-5612  
Amery Middle School (715) 268-4967  
Amery High School (715) 268-7792  
Pupil Services (715) 268-5618