



SCHOOL DISTRICT OF AMERY

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