

*Note: Kewaskum School District will not provide aspirin, Tylenol or other over the counter medicine to students. If your child needs anything for headaches, cramps, etc., please bring a supply to the office along with this form. Thank you.

NONPRESCRIPTION
SCHOOL MEDICATION FORM

Name of student: _____

Medication: _____

Dosage: _____

Time to be given: _____

Reason for taking medication: _____

I authorize the above medication to be given as indicted to my son/daughter.

Date _____ Parent/Guardian Signature _____

PRESCRIPTION
SCHOOL MEDICATION FORM

_____ is to be given the following medication in school.

Name of medication: _____

Time to be given: _____

Dosage: _____

Reason medication is being prescribed: _____

Possible side effects: _____

Date _____ Physician's Signature _____

I authorize the above medication to be given as indicted to my son/daughter.

Date _____ Parent/Guardian Signature _____

Legal Reference: Wisc. SS 118.29

Cross Reference:

Adopted: December 11, 1989

Reviewed: March 1992

Revised: February 13, 1995