



# Non-Prescription Medication Consent

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Teacher: \_\_\_\_\_

I hereby request and authorize that the above named student have the medication identified on this form administered while at school in the following manner (CHOOSE ONE):

- \_\_\_\_\_ Administer by trained staff (medication stored and secured by staff)  
 \_\_\_\_\_ Self-administer (medication stored and secured by staff) [Self-administration is with the approval of the District Nurse]  
 \_\_\_\_\_ Self-administer (medication carried by student) [Self-administration is with the approval of the District Nurse]

### MEDICATION INFORMATION

<b>Medication Name</b>	
<b>Medication Strength or Concentration</b> (Ex. "2mg/1ml") (Ex. "500mg/tablet")	
<b>Medication Quantity</b> (Ex. "Two tablets")	
<b>Administration Time and/or Frequency</b> (Ex. "Every four hours") (Ex. "As Needed") (Ex. "Once at Noon") • Please do not state "As Needed" without accompanying Reason for Medication	
<b>Reason for Medication</b> (symptoms, conditions, etc.)	
<b>Route of Medication</b> (oral, topical, etc.)	
<b>Effective Dates of Administration</b>	

### ACKNOWLEDGMENTS AND REQUIREMENTS

- ADMINISTRATION BY MNSD STAFF OF NON-PRESCRIPTION MEDICATION PRODUCTS: **The administration by MNSD staff of non-prescription medications shall be according to label instructions only; any variation to label instructions requires an MNSD Prescription Medication Order from a practitioner and the written consent of the parent/guardian.**
- ADMINISTRATION BY MNSD STAFF OF NON-FDA APPROVED PRODUCTS: **The administration by MNSD staff of Non-FDA approved substances (i.e. natural products, food supplements) requires an MNSD Prescription Medication Order from a practitioner and the written consent of the parent/guardian.**
- SELF-ADMINISTRATION: I understand that if the student self-administers non-prescription medication or non-FDA approved substances he/she is not authorized to make these products available to other students and if he/she does dispense these products to others, this is cause for immediate revocation of self-administration privilege and will be cause for appropriate disciplinary action. **The self-administration of these products shall be according to label instructions only; any variation to label instructions requires an MNSD Prescription Medication Order from a practitioner and the written consent of the parent/guardian.**
- TRANSPORT OF MEDICATION TO/FROM SCHOOL: Medication or substances must be conveyed to school directly by the parent/guardian or transported by transportation personnel (bus driver and/or bus aide) at parent/guardian request.
- MEDICATION SUPPLY: **I shall supply a properly labeled container of non-prescription medication or non-FDA approved substances (i.e. natural products, food supplements), in its original packaging.** The label shall include the student's name and medication information as indicated above. Unused medication or substances will be available for pick-up or sent home with the student, at the discretion of the District Nurse, at the end of the school year. Medication or substances remaining in the MNSD health offices after the end of the school year will be properly disposed.
- PERMISSION and HOLD-HARMLESS: I give permission for the Muskego-Norway School District (MNSD) to administer the medication as indicated above to the student (or for student to self-administer if indicated). I agree to hold the MNSD harmless in any and all claims arising from the benefits or consequences of this medication. I agree to hold the MNSD harmless of any responsibility for assuring that the medication is taken. In the event the medication is not administered the parent/guardian shall be contacted as soon as practicable. I understand that the MNSD is not responsible for the loss of medication due to carelessness on the part of the student.
- CHANGE NOTIFICATION: I shall notify the school in writing when a change occurs or at the termination of this Consent.
- Please refer to relevant MNSD Policies and Administrative Guidelines for further information at <https://www.boarddocs.com/wi/mnsd/Board.nsf/Public>

<b>Parent / Guardian Printed Name</b>	<b>Parent / Guardian Signature</b>	<b>Date</b>
---	--	-------------

**Consent is valid for duration of school year unless otherwise indicated  
 Please return this form to the health office. Without the form we cannot dispense the medication**