

Barron Area School District Medication Policy

Medication Consent Form for Over the Counter Medication

All Over the Counter Medications must have a parent permission form signed.

Parent/Guardian Responsibilities:

1. Notify the school of the child's need.
2. Complete the "Medication Consent Form" permitting the school to give recommended dose for the child's age.
3. Deliver parental authorization and medication to the school office.
4. The medication must contain the original label with the child's name, drug, dosage, time to be given.
5. Notify school when drug is to be discontinued.

Full name of the child _____

Name of the drug and dosage _____

Time to be given _____

Reason for medication _____

Medication for elementary students will given by trained staff. Middle School and High School students may be allowed to carry a one day dose with nurse's permission or may be given by trained staff.

I further agree to hold the designated person(s) harmless to 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 orders is necessary.

(Signature of Parent / Guardian)

(Date)