

Return to School Nurse
Tri-County Area School District
409 S. West Street
Plainfield, WI. 54966

Phone 715-335-6366
HS ext. 4910 Fax: 715-335-6322
ES ext. 2910 Fax: 715-335-6364

Student's Name:	Grade:	DOB:
Address:	Home phone #:	
Parent/Legal Guardian	Work/Cell #:	

Licensed Medical Providers Order: to be completed by Provider

Medication:
Dose and Route:
Hour(s) to be given:
Diagnosis/reason for medication:
Allergies to medication or food:
Order valid until:
Explain possible reactions or other instructions:

The licensed medical provider whose signature follows hereby authorizes school personnel to administer medication as prescribed and also agrees to accept communications regarding the administration procedures. It is understood that the medication may be given by a non-licensed, designated personnel.

Licensed Medical Provider's Signature

Licensed Medical Provider's Name (Print)

Date

Telephone

Address

Fax

1. The Medication Request Form must be signed by the licensed medical provider and parent/guardian before medication is administered at school.
2. Parent/guardian must notify the school in writing when the medication is stopped or when any changes in the order are necessary.
3. Medication to be administered must have the student's name, name of the drug and dosage, time to be given, and the licensed medical provider's name printed on the container. Ask the pharmacist to prepare two labeled containers so that you can keep one container at home and one at school.
4. Medication provided by the parent which lawfully may be sold over the counter (ex: cough medicine, acetaminophen, ibuprofen) requires instruction and consent from the parent/guardian.

I hereby give permission to school nurse/personnel to administer medication to my child according to the above directions and to contact the licensed medical provider if needed. I agree to hold the Tri-County School District and school nurse/personnel harmless in any or all claims arising from the administration of this medication at school.

Signature of Parent/Legal Guardian

Date