

Medication Consent Form

Zion Lutheran School — 3600 South Chicago Avenue, South Milwaukee, WI 53172

414-762-1258 office@zionsouthmilwaukee.com

Student Name: _____ Date of Birth: _____

Parent or Guardian Primary Phone: _____ Secondary Contact Phone: _____

Non-Prescription (Over-the-Counter) Medications

Must be supplied in the original manufacturer's package. Ingredients and recommended therapeutic dosage must be legible.

Student's name must be clearly labeled attached to or written on the package.

Medication Name:	Dosage:	Timing (or as-needed)	Reason for Medication:	Parent Signature:
1.				
2.				

Prescription Medications (to be completed by practitioner)

Must be supplied in an original pharmacy-labeled package. Package must list student's name, name of prescriber, name of prescribed medication, dose, effective date, and directions in a legible format.

Medication Name:	Dosage:	Timing (or as-needed)	Reason for Medication:	Emergency Medication Only. Practitioner should initial box below if student is able to carry and self-administer (i.e. inhaler or epinephrine).
1.				
2.				
3.				

Practitioner Information (needed for all prescription medication administered at school)

Practitioner Name: _____ Phone: (_____) _____

Practitioner Signature: _____ Date: ____/____/____

Parent or Legal Guardian Consent Medication will be provided by the parent and in its original container or prescription-labeled container.

I hereby give permission for school personnel to administer the above medication(s) to my child according to practitioner's and/or my instructions and authorize them to contact the practitioner if there is a question or concern. I further authorize the practitioner to render treatment to my child, as appropriate and necessary, arising out of administration of the medication.

Parent/Guardian Signature: _____ Date: ____/____/____

Please check with Zion at the end of the school year to see if there are some unused doses of medication left.
You may arrange to pick up the unused portion of your child's medication yourself, but it will not be sent home with the child.