

Wauzeka-Steuben School Medication Consent Form

Student's Name

Date of Birth

Grade

School Year or Effective Date

Allergies: including medications, foods, etc.

NOTE: For Non - Prescription Medications Signed Parent Consent is Required

CONSENT FOR NON - PRESCRIPTION MEDICATION

Medication

Dosage

Time to be given

Reason for Medication/ Diagnosis: _____

Additional Information: _____

It is the parent's/gurardian's responsibility to provide medication, as prescribed by the student's medical provider, to the school district. It is also the responsibility of the parent/guardian or designee to bring and/or pick-up medications, as the student, by law is unauthorized to due so. This would include; medication that has been discontinued or medications remaining at the end of the school year.
The school district is not responsible for disposing of any medications.

Date

Parent/Guardian Signature

Telephone