

# NON – PRESCRIPTION MEDICATION PERMISSION FORM

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION PROVIDED BY PARENT//GUARDIAN  
(Wisconsin Statute 118.29)

## ONE CHILD AND MEDICATION PER FORM

I REQUEST THAT (child's name) \_\_\_\_\_ GRADE \_\_\_\_\_

RECEIVE THE FOLLOWING OVER THE COUNTER MEDICATION\*:

NAME OF MEDICATION \_\_\_\_\_

AMOUNT TO BE GIVEN \_\_\_\_\_

TIME OF DAY TO BE GIVEN \_\_\_\_\_

EXPIRATION DATE OF MEDICINE \_\_\_\_\_

START:  date form is received at school  other date \_\_\_\_\_

STOP:  end of school year/  
end of summer session  other date/  
duration \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*THE MEDICATION MUST:

- BE IN **ORIGINAL CONTAINER**
- INCLUDE **CHILD'S NAME** ON ORIGINAL CONTAINER
- BE **UNEXPIRED**
- BE PICKED UP BEFORE THE LAST DAY OF SCHOOL IN JUNE  
(any meds left after students leave for the summer will be discarded)

NOTE: THIS FORM IS VALID FOR ONE SCHOOL YEAR and/or SUMMER SESSION