

**2023-2024**  
**MENASHA JOINT SCHOOL DISTRICT**  
**ADMINISTRATION OF MEDICATION CONSENT**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Medication Name \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be Given \_\_\_\_\_

Route (Circle one):      **By Mouth**      **Inhalation**      **Injection**

Start Date \_\_\_\_\_ Discontinue Date \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Precautions \_\_\_\_\_

Prescribing Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_

I hereby give my permission to school personnel to give the medication to my child according to the directions stated above and to contact the child's physician if necessary.

I understand it is my responsibility to see that the medication is delivered to the school office and to pick up any remaining medication within one week after the last day of the school year. Medication remaining at school beyond this stated time will be discarded.

I further agree to hold the Menasha Joint School District and above person harmless in any and all claims arising from the administration of the medication at school. I agree to notify the school in writing when any change in the above order is necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date

\_\_\_\_\_  
Signature of School Nurse      Date

Name \_\_\_\_\_ Medication \_\_\_\_\_ Time \_\_\_\_\_ Dosage/Route \_\_\_\_\_

	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
1		W			H	H				W
2	W			W		H	W			W
3	W			W		W	W			
4	H		W			W			W	
5			W						W	
6					W			W		
7		W			W			W		
8		W								W
9	W			W			W			W
10	W			W		W	W			
11			W			W	H		W	
12			W	H					W	
13					W			W		
14		W			W			W		
15		W			H					W
16	W			W			W			W
17	W			W		W	W	H		
18			W			W			W	
19			W			H			W	
20					W			W		
21		W			W			W		
22		W	H							W
23	W		H	W			W			W
24	W		H	W		W	W		H	
25			W	H		W	H		W	
26		H	W	H			H		W	
27	H	H		H	W		H	W	H	
28		W		H	W		H	W		
29		W		H			H			W
30	W			W		_____	W			W
31	_____		_____	W		_____	W	_____		_____
RN										

Key: A = Absent R = Refused P = Problem, see comment O = No Show W = Weekend H = Holiday N = No meds FT=Field Trip

Signature(s): \_\_\_\_\_