CAMPBELLSPORT SCHOOL DISTRICT Medication Administration By School Staff

This order for medication is required to be completed and presented to the school a child attends before any prescription drug may be administered to the child. (Wisconsin Statute 118.29(2)(a)(2).)

School Grade					Address	Phone
Medications: Daily or as needed (PRN). NO MEDICATIONS WILL BE GIVEN UNLESS IT IS IN THE ORIGINAL CONTAINER Medication					Grade	
Medications: Daily or as needed (PRN). NO MEDICATIONS WILL BE GIVEN UNLESS IT IS IN THE ORIGINAL CONTAINER Medication					Physician's Address	
Medication Dose Given Duration Physicians: Please list condition or adverse reactions which indicate parental and/or physician notification. Duration Physician notification. Duration Duration Duration Physician notification. Duration Physician notification. Duration Physician notification. Duration Physician notification. Diration Physician notification. Physician notification. Diration Physician notification. Diration Physician notification. Physician notificati	Diagnosis					
Medication Dose Given Duration Which med. Should be given. (PRN med. only) Physician notification. I hereby give my permission to the persons designated below to give the medication(s) listed above to my child according to the directions stated above and further authorize them to contact my child's physician. I agree to hold the Campbellsport School District, its employees and agents, who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school. (Wisconsin Statutes 18.29 (2) (a) (1) (2) (3) (2) (b).) I agree to notify the school in writing when any change in the above order is made. Signature of Parent/Guardian Date School staff will not be required to administer any medication by means other than ingestion. Physician's Signature (Physician's signature not required for over the counter medications) Name of designated person(s) administering medication (to be completed by school principal). 1	Medications: Daily of	or as needed (P	PRN). NO M	IEDICATIO	NS WILL BE GIVEN UNL	LESS IT IS IN THE ORIGINAL CONTAINER
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Name of designated person(s) administering medication (to be completed by school principal). 1	Signature of Parent School staff will not	/ Guardian be required to	administer an	y medication	by means other than ingestic	on.
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