



Over-the-Counter Medication Form

Student Information

Full Name: _____ Date of Birth: _____
First Last

Grade: _____ Homeroom: _____

All Medications must be in the original manufacture's packaging/container. Parents/Guardians are responsible for transporting medications to and from school. This form is only good for one school year.

I hereby give permission to school personnel designated by the school nurse to give medication to my child according to the below written instructions.

I further agree to hold the School District of Lomira and all employees harmless in any and all claims arising from the administration of this medication in school.

Parent Signature: _____ Date: _____

Medication Information

*Non-prescription medications such as Tylenol (acetaminophen) or Advil (ibuprofen), etc. are **NOT** available at school. All non-prescription medications must be sent by a parent/guardian in the original container with this signed consent in order for the health room staff or designee to administer the medications to your child.*

Medication	Dosage	Directions for Administration

School Information

If you have any questions or need additional forms please contact:

Chelsea Feucht, BSN, RN
 Lomira School District Nurse
 Email: cfeucht@lomira.k12.wi.us
 Phone: 920-269-4396 ext 117
 Fax: 920-269-4996