## Gary W. Cumberland

Superintendent

Kelley Strike Director of Curriculum, Instruction & Assessment

## Shawano School District

Louise Fischer

Business Manager

**Kim Klister** Director of Pupil Services

## **MEDICATION REQUEST FORM**

PARENT/GUARDIAN AUTHORIZATION SECTION - (Re	quired for <b>ALL Medications</b> A	Administrated At School)
Students Name	Date of Birth	Grade
Parent/Guardian Name	Phone	
Medication Name		
Reason for Medication		
Form of Medication (check one) tablet/cap	osuleliquid	other ( )
Instructions: Dosage	Time to be given	
Start date: Stop date:		
This medication is:  long term short term as needed		
I hereby release the Shawano School District Board of and all liability that may result from my child taking the School Nurse to contact the physician named herein if medication.  Parent/Guardian Signature	ne medication identified on the any questions arise regarding	nis form. I give permission for the g the administration of this
PHYSICIAN'S INSTRUCTIONS - (Required for ALL Preso	ription Medications Adminis	strated At School)
I am prescribing medication for (patient's name)		
Name of Medication		
Reason for Medication		
Form of Medication (check one) tablet/cap	osuleliquid	other ( )
nstructions: Dosage Time to be given		
Start date: Stop date:	End of School Year _	Other ()
This medication is:  long term short term [	as needed	
I will provide additional instructions to the school time of administration is changed. I will accept coregarding the administration of this medication.  Physician Name (print)	mmunication from the Sci	
Physician Signature	Date	
School	Fax Numbers	
Hillcrest Primary School 715-524-1151	Shawano Middle S	chool 715-526-5037
Olga Brener Intermediate School 715-524-9899	Shawano High Sch	ool 715-524-8414