

ELKHORN AREA SCHOOL DISTRICT  
ROUTINE NON-PRESCRIPTION MEDICATION ADMINISTRATION PERMISSION FORM

NOTE: Non-prescription medications allowed by EASD policy are: acetaminophen, **ibuprofen-naproxen, anti-acids, cough medicine, or antihistamine/decongestant**. Aspirin is not allowed. A physician's signature is needed if medication is given more than 3 times during the current school year. The medication will be destroyed if it is not picked up on the last day of school.

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

I have brought in \_\_\_\_\_ in the original bottle. I would like the school to give  
(Non-prescription medication)  
\_\_\_\_\_ at school every \_\_\_\_\_ hours for my child's reoccurring condition \_\_\_\_\_.  
(Amount) (Frequency) (Condition)

I DO NOT need to be called before my child takes this medication.

I DO need to be called before my child takes this medication.

I understand that a physician's signature is needed if medication is given more than 3 times during the current school year. I consent to the exchange of information between my physician and school personnel concerning this medication and the condition for which it is ordered.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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School Use Only

Expiration date on bottle: \_\_\_\_\_ Amount of pills supplied: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Last School Physical on File: \_\_\_\_\_ Additional health concerns or daily meds: \_\_\_\_\_

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**PARENT for Doctor**

Dear Dr. \_\_\_\_\_,

I believe the last time my child was last seen by you was on or about: \_\_\_\_\_.  
(Date)

Please sign this form so that this medication can be kept at school throughout the current school year for my child's condition as stated above. Thank you.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Dentist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Dentist Address

\_\_\_\_\_  
Physician/Dentist Phone Number Physician/Dentist Fax Number

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Elkhorn Area Middle School: 627 E. Court St., Elkhorn, WI 53121

FAX: 262-723-4967 Phone: 723-6800

Elkhorn Area High School: 482 E. Geneva St., Elkhorn, WI 53121

FAX: 262-723-8092 Phone: 723-4920

Jackson School: 7 N. Jackson St., Elkhorn, WI 53121

FAX: 262-723-3719 Phone: 723-1200

Tibbets School: W5218 Cty. Rd. A, Elkhorn, WI 53121

FAX: 262-742-4582 Phone: 742-2585

West Side: 222 Sunset Drive, Elkhorn, WI 53121

FAX: 262-723-6790 Phone: 723-3297