Winneconne Community School District
Consent for Administration of Stock Medication at School

Student: _____ Date of birth: _____ Grade: _____

As a courtesy to our students and family, the district offers stock (over the counter) medication to our middle school and high school students. Please check the stock medication(s) you would like available to your student during the school day, the quantity (dose), and the reason to dispense the medication. The stock medication will only be given as directed on the package, and will only be in tablet form.

MEDICATION	REASON FOR USE
❒ Acetaminophen (Tylenol) ❒ 1 tablet = 325 mg ❒ 2 tablets = 650 mg	❒ Headache ❒ Other: _____ ❒ Pain ❒ Menstrual cramps
❒ Extra Strength Acetaminophen (ES Tylenol) ❒ 1 tablet = 500 mg ❒ 2 tablets = 1,000 mg	❒ Headache ❒ Other: _____ ❒ Pain ❒ Menstrual cramps
❒ Ibuprofen (Advil) ❒ 1 tablet = 200 mg ❒ 2 tablets = 400 mg	❒ Headache ❒ Other: _____ ❒ Pain ❒ Menstrual cramps
❒ Calcium Carbonate (Tums) ❒ 1 tablet = 750 mg ❒ 2 tablets = 1,500 mg	❒ Indigestion ❒ Other: _____ ❒ Sour/upset stomach ❒ Heartburn
❒ Benadryl (Diphenhydramine) ❒ 1 tablet = 25 mg ❒ 2 tablets = 50 mg	❒ Itchy, watery eyes ❒ Other: _____ ❒ Sneezing, runny nose ❒ Hives (family will be notified if this occurs)

❒ I certify my student has no known allergies to the above checked medications.

❒ My student is known to be allergic to the following medication(s): _____

Additional instructions/comments: _____
_____

As the parent/guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my student.

I hereby give permission to designated school district personnel to give medication to my student during the school day, according to the written instructions of the Medical Advisor as shown on this form.

I hereby give permission to designated school district personnel to notify other appropriate school district personnel and classroom teachers of medication administration and possible adverse effects of the medication.

I further agree to hold the Winneconne Community School District, and the WCSD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

Parent/Guardian signature: _____ Date: _____