



Merrill Area Public Schools

1111 N. Sales Street

Merrill, WI 54452

715.536.4581

Fax 715.536.1788

www.mapsedu.org

*** Student Achievement * Community Partnership * Future Success ***

NON-PRESCRIPTION MEDICATION - CONSENT AND INSTRUCTION FORM

School Year: 2023-2024

Parent / Guardian Permission

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

I hereby grant permission for the above named school to give medication to the above named student according to the directions stated below.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Address: _____ Phone Number: _____

Directions

Name of Medication: _____

Dose: _____ Route: _____

Times / Frequency: _____

Duration (dates): _____

Reason for Medication: _____

Side Effects: _____

Special Instructions: _____

Where is medication stored for school use?: _____

- Parent / Guardian may specify the exact time(s) and date(s) that medication should be administered.
- If medication is to be administered "as needed", school staff will contact parent / guardian for permission to administer medication at that time, unless the school nurse directs otherwise.

School Permission to Administer Medication

District Administrator/

Building Principal Signature: _____ Date: _____