



Merrill Area Public Schools

1111 N. Sales Street

Merrill, WI 54452

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www.mapsedu.org

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

PRESCRIPTION MEDICATION - CONSENT AND INSTRUCTION FORM

School Year: 2023-2024

Parent / Guardian Permission

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Where is medication located for school use?: _____

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: _____

Physician's Directions

Name of Medication: _____

Dose: _____ Route: _____

Times / Frequency: _____

Duration (dates): _____

Reason for Medication: _____

Side Effects: _____

Special Instructions: _____

Practitioner's Signature: _____ Date: _____

Practitioner's Address: _____

Practitioner's Phone Number: _____ Fax: _____

Practitioner's Signature will allow communication, as needed, with the school nurse in regard to this medication.

School Permission to Administer Medication

District Administrator/
Building Principal Signature: _____ Date: _____