Required by Chilton Public Schools | **PARENT/GUARDIAN MEDICATION CONSENT FORM WITH PHYSICIAN'S ORDER FOR MEDICATION** | **Prescription Medication Only**

____ ____________________________________
Student's Name Date

________________________________ __________ ______________ ______________________
Teacher Grade Date of Birth Age

____________________________________ ____
Physician Name Physician Phone Number

FOR PHYSICIAN TO FILL IN: In order for the school personnel to administer the medication regime you have prescribed, please complete the following section of this form.

Please feel free to contact the Calumet County Public Health Dept. should any questions arise.

Name of Medication	Dosage	Time of Day to take	Term: Long/Short

Name of Medication and side effects to watch for:____
____
____
____

Please indicate if the medication above is PRN medication________________________________
Conditions under which PRN medication should be given are______________________________
____
____

Physician's Signature_____________________________ Date___________________

PARENT/GUARDIAN: (Please fill out this portion of the form, after your child's physician has completed the middle section and return this to the school office.)

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the written instructions of the physician as shown above.

I also hereby agree to give my permission to the school principal/designee to contact the child's physician.

I further agree to hold the Chilton School District and all employees harmless in any and all claims arising from the administration of this medication at school, and/or on field trips.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary.
(PLEASE NOTE: ANY MEDICATION BROUGHT TO SCHOOL SHOULD BE IN A DUPLICATE LABELED PHARMACY CONTAINER.)

_________________________________ _________________________ ______________________
Parent/Guardian Signature Phone # Date