

# School District of the Menomonie Area

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## Non-Prescription Medication Administration Form

The School District of the Menomonie Area requires that all students who need non-prescription medication during school hours do the following:

1. Have the parent/guardian complete this medication administration form and sign it.
2. Bring the medication in the original container.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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### TO BE COMPLETED BY PARENT

Name of Medication: \_\_\_\_\_ for the treatment of: \_\_\_\_\_

Specific dose(s) to be given at school: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

Length of time to be administered: \_\_\_\_\_

Are there any special instructions: ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_

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*Emergency Contact Person*

*Phone number*