DODGELAND SCHOOL DISTRICT
PRESCRIPTION MEDICATION CONSENT FORM
Fax # 920-386-4498

This order for prescription medication is required to be completed and presented to the school a student attends before any prescription medication may be administered to a student in accordance with section 118.29 (2)(a)(2) of state statutes, Board policy and District procedures.

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

Reason for Medication _____

Prescribing Health Care Practitioner _____ Phone Number _____

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COMPLETED BY PRESCRIBING HEALTH CARE PRACTITIONER

Medication (One Per Form)	Dose	Route	Time(s) To Be Given	Duration (From-To)	For P.R.N. Medication - Condition Under Which Medication Should Be Given	Conditions or Adverse Reactions Requiring Parental and/or Practitioner Notification *(If none, state this)*

- I agree to retain the power to direct, supervise, decide, inspect and oversee the administration of such medication(s).
- With applicable parent/guardian (or adult student) consent, direct contact may be made to address questions or concerns.
- I give approval for the student to self-administer (inhalers and epinephrine delivery systems only).

☐ Yes ☐ No

Signature of Prescribing Practitioner _____ Date _____

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COMPLETED BY PRINCIPAL AND/OR SCHOOL NURSE

The student has approval to self-administer (inhalers and epinephrine delivery systems only). ☐ Yes ☐ No

COMPLETED BY PARENT/GUARDIAN

I agree to the following:

- I understand that the District Administrator and/or Principal may authorize an employee to administer prescription medication to students and I give permission to the designated trained employee to administer the medication(s) to my child according to the directions stated above.
- I give approval for my child to self-administer (inhalers or epinephrine delivery systems only). ☐ Yes ☐ No
- I give consent for the exchange of necessary information between the prescribing practitioner and school personnel.
- I will hold the Dodgeland School District, its employees and agents who act within the consent granted by this document, harmless in any and all claims arising from the administration of medication (as identified above) at school or school-related activities.

Signature of Parent/Guardian _____ Date _____

Revised December 2025