



St. Joseph
Academy

MEDICATION and PROCEDURE PERMISSION AND INSTRUCTION FORM

As part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, school districts are required to have permission from a medical provider and parent to administer certain medications at school.

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent Permission:

I am requesting that my child _____ receive prescription drugs or procedures at the time indicated and as designated by his/her medical provider.

I will be responsible for bringing the prescription drugs to school in a labeled container from the pharmacist or druggist. I also understand that I am responsible for maintaining a sufficient quantity of the medication or supplies for procedure at the school to avoid any interruptions in the physician's orders. Failure to do this will result in termination of the school's administration of the medication and/or procedure for my child. I understand that, if my child refuses to take the prescribed drug(s) or allow the procedures, force **will not** be used by school personnel to make my child comply.

School personnel have permission to communicate with the medical provider prescribing the medication regarding use, side effects, response, and contraindications of the medication(s) or procedure results or frequency. I can rescind my permission at any time.

Signature of Parent/Legal Guardian

Relationship

Date: (Mo./Day/Yr.)