

WILCO AREA CAREER CENTER

SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICINE BY STUDENT

The responsibility for administering medication rests with the student's parent(s) or guardian(s).

Parents are requested to inform the school in writing that their child will be self-administering medicine.

The medication will be provided to an Administrator in the main office in an original manufacturer's bottle with the student's name clearly marked on the bottle.

The classroom teacher will provide the student opportunity to come to the main office to take the medication.

Each medication must be on its own separate form.

New medication form(s) must be completed and submitted each school year.

An administrator, certified staff, or health professional must supervise the student during administration of the medicine. There will be no other involvement by Wilco Area Career Center personnel concerning the self-medication of the student.

After reading the above guidelines for SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICINE, I am requesting that my child be allowed to self-administer his/her own non-prescription medication.

PLEASE COMPLETED AND SIGN THE INFORMATION BELOW & RETURN TO THE MAIN OFFICE

Student Name	Date of	Birth	_Grade
Name of Medication	Dose	Frequency	
Why is medication needed?			
Side effects or special instructions			
Medication is required to be in its original co			
Parent(s)/Guardian(s) need to bring the med health record.	dication to the main office.	This form will be p	art of your child's
Parent/Guardian must sign the Hold Harml all claims that may arise as a result of action			
Parent/Guardian (Print)			
Parent/Guardian Signature		——————————————————————————————————————	