Milton School District Administering Medication to Students- Prescription and Non-Prescription
(Please return to your child's school)

Student Name_____ Physician Name_____

Birthdate_____ Physician Address_____

School_____Grade_____ _____

Parent/Guardian_____ Physician Phone_____

Home Phone_____Work Phone_____ Physician Fax_____

To Parent/Guardian/Physician:

The Milton School District is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education and its agents and employees from any and all liability which may result from taking this medication.

Medication_____Dosage _____Frequency_____

Start Date_____ End Date_____

Form: Tablet/Capsule_____ Liquid_____ Inhaler_____ Nebulizer_____ Injection_____

For episodic/emergency events only_____Other_____

*Emergency Medications (inhaler, glucagon, insulin, epi-pen)- can student self-administer/carry: Yes_____No_____

Time(s) to be given_____ Reason for this medication_____

If given on an "as needed" basis, please describe_____

Special instructions_____

Side effects (expected or predictable) _____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication.

***Physician Signature**_____ Date_____
(Signature required for all prescription medication)

***Parent/Guardian Signature**_____ Date_____
(Signature required for all prescription and nonprescription medication)

*Milton Health office Phone: 608-868-9571 *Milton Health Office Fax: 608-868-9399