



School District of Altoona

1903 Bartlett Avenue • Altoona, Wisconsin 54720
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Non-Prescription Medication Administration Form

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

1. Please complete this form.
2. Bring the medication in the *original* bottle.

****If you would like your student to have school supplied medication instead of bringing in your own bottle please mark this as your option****

PLEASE NOTE these are the ONLY two options for school supplied medications available, so if your student cannot swallow whole medications these options do not apply for your student, and you will need to supply your own medication in the original bottle.

- 1) Tylenol 500mg tablets _____ Dose to be given: _____ (one or two tablets per direction on bottle)
- 2) Ibuprofen 200mg tablets _____ Dose to be given: _____ (one or two tablets per direction on bottle)

Do not fill out medication information below if you are taking school supplied medications.

Name of Student: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

School: _____ Grade/Teacher: _____

TO BE COMPLETED BY PARENT/GUARDIAN

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/Guardian Signature

Phone number

Date