



# School District of Altoona

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

The School District of the Menomonie Area 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.

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