

School District of Weyauwega-Fremont

500 East Ann Street, Weyauwega, WI 54983

Phone: 920-867-8840

Fax: 920-867-8875

Weyauwega-Fremont School District
PARENT / GUARDIAN / PHYSICIAN / MEDICATION ADMINISTRATION CONSENT FORM
Wisconsin Statute 118.29 (Please type or print)

A separate form for each medication is needed.

Student Name: _____ D.O.B. _____ Grade: _____

School: Fremont Elementary Weyauwega Elementary W-F Middle W-F High School

Medication Name: _____ Prescription/Non-Prescription

Dosage: _____ Route: _____ Time: _____

Reason for Medication: _____

If "as necessary" please list conditions under which medication should be given:

Precautions, possible unfavorable reactions, and /or interventions: _____

Name of physician prescribing medication: _____

Signature of Physician: _____ Date: _____

A physician's written, signed statement and pharmacy labeled container must be supplied by the parent/ guardian if prescribed medication is to be given at school. All medication must be provided to the school in the original container.

I hereby give permission for designated school staff to give this medication to my child according to the directions stated above and for the school to contact my child's physician if necessary.

I further agree to hold harmless the Weyauwega-Fremont School District, its Board of Education, administration, and all employees and agents who are acting within the scope of their duties in any and all claims arising from the administration of this medication.

I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

Signature of Parent/Legal Guardian

Date

Home Phone

Cell Phone

Scott Bleck
District Administrator
Weyauwega – Fremont School District
500 East Ann Street
P.O. Box 580
Weyauwega, WI 54983-0580
(920) 867-8950 Ext 8960

Jeremy Schroeder
MS/HS Principal
Weyauwega-Fremont Middle/High School
410 East Ann Street
P.O. Box 580
Weyauwega, WI 54983-580
(920) 867-8850 Ext 8970

Douglas Nowak
Principal
Weyauwega Elementary School
400 East Ann Street
P.O. Box 580
Weyauwega, WI 54983-580
(920) 867-8150 Ext 8160

Douglas Nowak
Principal
Fremont Elementary School
615 Wolf River Drive
P.O. Box 308
Fremont, WI 54940-0308
(920) 867-8050 Ext 8160

Kandi Martin
Pupil Services
Curriculum Director
410 East Ann Street
P.O. Box 580
Weyauwega, WI 54983-580
(920) 867-8800 Ext 8860

District Mission Statement: *Creating a foundation of excellence for success in tomorrow's world.*
District Vision Statement: *Creating wisdom through pride, passion and honor.*

MEDICATION RECORD 2016/2017

Student Name: _____ D.O.B. _____ Student Grade: _____

Medication/Dosage/Route: _____ Physician: _____

Codes: **A - Student absent** **N - No medication available**
E - Error (complete a medication error report) **R - Refused**
FT - Field trip **X - No school**
I - Inclement weather (no school)

Date	Medication	Number Rec'd	Initial

MONTH/TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	RNREVIEW	
SEPT. (initials)			X	X	X					X	X						X	X					X	X						X			
Time			X	X	X					X	X						X	X					X	X						X			
OCT. (initials)	X	X						X	X			X			X	X						X	X						X	X			
Time	X	X						X	X			X			X	X						X	X						X	X			
NOV. (initials)					X	X						X	X						X	X			X	X	X	X	X				X		
Time					X	X						X	X						X	X			X	X	X	X	X				X		
DEC. (initials)			X	X						X	X						X	X						X	X	X	X	X	X	X	X	X	
Time			X	X						X	X						X	X						X	X	X	X	X	X	X	X	X	
JAN. (initials)	X	X					X	X						X	X					X	X	X							X	X			
Time	X	X					X	X						X	X					X	X	X						X	X				
FEB. (initials)				X	X						X	X						X	X			X			X	X			X	X	X		
Time				X	X						X	X						X	X			X			X	X			X	X	X		
MAR. (initials)				X	X	X					X	X						X	X					X	X								
Time				X	X	X					X	X						X	X					X	X								
APR. (initials)	X	X					X	X					X	X	X	X	X						X	X					X	X	X		
Time	X	X					X	X					X	X	X	X	X						X	X					X	X	X		
MAY (initials)						X	X						X	X							X	X							X	X	X		
Time						X	X						X	X						X	X							X	X	X			
JUNE (initials)		X																															
Time		X																															

Staff administering medication initials/name: _____
