



School District of New London

DISTRICT ADMINISTRATION OFFICE

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Parkview Elementary	920-982-8538 920-982-8700 (FAX)	Lincoln Elementary	920-982-8540 920-982-8701 (FAX)
Readfield Elementary	920-667-4265 920-667-4295 (FAX)	Sugar Bush Elementary	715-752-4135 715-752-4010 (FAX)
New London High School	920-982-8420 920-982-8441 (FAX)	New London Middle School	920-982-8602 920-982-8605 (FAX)
Board of Education Office	920-982-8530 920-982-8551 (FAX)	Catalyst Academy	920-982-8686 920-982-8689 (FAX)

ADMINISTRATION OF MEDICATION CONSENT

** A separate form is needed for each medication and a new form is required annually.

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

School: Parkview Readfield Lincoln Sugar Bush Intermediate/Middle School High School Catalyst

Medication Name: _____ Prescription Non-Prescription

Dosage: _____ **Route:** _____ **Time:** _____

Starting Date: _____ **Termination Date:** _____

Reason for Medication: _____

If "as necessary," conditions under which medication should be given: _____

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

Health Care Provider Name (please print): _____ **Phone:** _____

Doctors Fax # : _____

Health Care Provider Signature: _____

(Health Care Provider signature is required annually for all prescription medications)

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

A physician's written, signed statement and pharmacy-labeled container must be supplied by the parent/guardian if prescribed medicine is to be given during the school day. Over-the-counter medication must be provided to school personnel in its original container.

I further agree to hold the School District of New London and above persons harmless in any and all claims arising from the administration of this medication, according to policy, at school. I agree to notify the school in writing when any change in the above orders is necessary.

Home Phone: () _____ **Cell Phone:** () _____ **Work Phone:**() _____

Signature of Parent: _____ **Date:** _____