



MILWAUKEE COLLEGE PREP SCHOOL

Circle the Appropriate Campus:

Table with 4 columns: Lloyd Street, 36th Street, 38th Street, and Lola Rowe North. Each column lists address, city, phone, and fax numbers.

MEDICATION PERMISSION AND INSTRUCTION FORM

2015 – 2016 SCHOOL YEAR

To School Personnel:

I am requesting that my child, \_\_\_\_\_, receive prescription drugs at the time indicated and as designated by his/her physician.

I will be responsible for bringing prescription drugs to school in a labeled container from the pharmacist or druggist. I also understand that I am responsible for maintaining a sufficient quantity of the medication at the school to avoid any interruptions in the physician's orders. Failure to do so will result in termination of the school's administered program for my child.

I understand that if my child refuses to take the prescribed drug(s), force will not be used by school personnel to make my child comply.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

To School Personnel:

I am prescribing medication for \_\_\_\_\_ which is described as follows:

Table with 4 columns: Name of Medication (Generic & Trade Name), Dosage, Time AM/PM, Possible Adverse Side Effects.

The above orders shall be effective through \_\_\_\_\_ unless they are discontinued, changed by me, or withdrawn in writing by the parent/legal guardian.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_



**MILWAUKEE COLLEGE PREP SCHOOL**

**Circle the Appropriate Campus:**

<b>Lloyd Street</b> 1228 W. Lloyd St Milwaukee, WI 53205 PH: (414) 264-6000 FAX (414) 264-6004	<b>36<sup>th</sup> Street</b> 2449 N. 36 <sup>th</sup> Street Milwaukee, WI 53210 PH: (414) 445-8020 FAX (414) 445-8167	<b>38<sup>th</sup> Street</b> 2623 N. 38 <sup>th</sup> Street Milwaukee, WI 53210 PH: (414) 445-1000 FAX (414) 445-1005	<b>North Campus</b> 1350 W. North Ave. Milwaukee, WI 53205 PH: (414) 264-6600 FAX (414) 264-6607
--	---	---	--

**NON-PRESCRIPTION MEDICATION CONSENT FORM**

**NAME OF STUDENT** \_\_\_\_\_

**MEDICATION** \_\_\_\_\_

**DOSAGE** \_\_\_\_\_

**TIME TO BE GIVEN** \_\_\_\_\_

**REASON FOR TAKING MEDICATION**  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize the above-stated medication be given, as indicated, to my son/daughter.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

***“Knowledge plus character pave the road to college and beyond.”***