



Dispensing Prescription/Non-Prescription Medications
 Students are not allowed to carry non-emergent medications while in school.

Student Name: _____

Medication	Reason	Dosage	Frequency

- Parent must complete this form for all over-the-counter medications.
- Prescription medications must be signed by licensed prescriber.
- Medications must be sent in original packaging. Prescription label must match instructions from the prescriber.
- New forms and medications must be provided every year.
- New forms must be provided if there is a change in dose, time, etc. of medication.
- Parents must supply all medications to be administered.

I hereby release Nicolet High School and its employees from any and all liability that may result from my child taking the above medication(s).

I hereby give my student permission to carry their medications home at the end of the year._____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

The student is able to self carry and self administer the following: (Please circle)

Insulin Asthma Inhalers Epi-pen Glucagon Injections

Prescription medication requires a physician's signature.

Licensed Prescriber Signature: _____ Date: _____

Phone Number: _____

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