

SCHOOL DISTRICT OF SPOONER

SCHOOL HEALTH SERVICES

801 County Hwy A
Spooner, WI 54801

Spooner Elementary	715-635-2174 715-635-7984 (FAX)
Spooner Middle School	715-635-2173 715-635-9621 (FAX)
Spooner High School	715-635-2172 715-635-7074 (FAX)

ADMINISTRATION OF *OVER THE COUNTER (OTC)* MEDICATION CONSENT

Stock Tylenol 325mg & Ibuprofen 200mg available only at SMS/SHS.
****This form must be signed by PARENT/GUARDIAN for med to be given at school.**

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

Elementary School Middle School High School

OTC Medication: _____

Dosage: _____ Route: _____ Time: _____

As necessary conditions under which medication should be given: _____

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

OTC Meds will not be available on field trips or outside of normal school hours.

Date: _____ **Home Phone:** _____

Signature of Parent

Work Phone: _____