



PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

We educate all children to reach their greatest potential.

DUANE A. WOELFEL
Director of Special Services

100 West Monroe Street
Port Washington, WI 53074

Tel. (262) 268-6079
Fax (262) 284-7742
Email: duane.woelfel@pwssd.k12.wi.us

David J. Watkins
Superintendent of Schools

100 West Monroe Street
Port Washington, WI 53074

Website: www.pwssd.k12.wi.us

Non-Prescription (OTC) Medication Parent Consent Form

NAME OF STUDENT _____

DOB: _____

MEDICATION _____

DOSAGE _____

TIME TO BE
GIVEN _____

PERIOD / LENGTH OF TIME TO BE
GIVEN _____

REASON FOR TAKING
MEDICATION _____

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

Date

Signature of Parent / Legal Guardian

Reviewed by Nurse/Building Designee: