

## Health Services – Medical and/or Health Conditions

If possible, please schedule medications to be given at home rather than school.

A completed medication permission form(s) or Care Plan must accompany any medication that your child may require at school (e.g. Asthma Inhaler, Tylenol, etc)

**Complete one form for each medication.**

- Prescription Medication permission forms and care plans require **parent AND physician** signatures.  
[Prescription Medicine Form](#)
- Forms for over the counter medication, given at manufacturer recommended strengths, require only a **parent signature** (e.g. acetaminophen, Ibuprofen, etc.)  
[School Authorization to Administer Non-Prescription Medicine Form](#)
- Student who carry their own emergency medication (Inhaler or EpiPen only) **MUST have a Care Plan on file in the Health Room**

### Information for Medication Kept at School

- Parent/Guardian must provide all medication.
- Medication that will be kept/administered in the health room must be brought in the in the **original** container.
- Please drop off all completed medication forms with the medication needed at your school health room at the start of the school year.
- Medication must be in original manufacturer packaging or original labeled prescription bottle.
- Prescription medication **must** be dropped off at school by an adult and NOT sent to school with child.
- Medications must be picked up by parent/guardian prior to the last day of school or the medication will be discarded.

### Health Services- Medication

If you have listed an allergy, asthma, seizure, diabetes, or other serious health condition for your child, please complete the appropriate form below and return it to your child's school. Parent and physician signatures are required on this form. For example, if your child uses an inhaler for asthma an asthma care plan must be completed and signed by both parent and physician.

[Student Care Plan - Asthma](#)

[Student Care Plan - General Health](#)

[Student Care Plan - Severe Allergy](#)

[Student Care Plan - Diabetes](#)

[Student Care Plan - Seizure](#)

[Student Care Plan - G-tube Care Plan](#)

The District Nurse may contact you to determine if a Health Care Plan is needed based upon the condition you have listed.

If there are any questions regarding health/conditions/concerns please free to contact the District Nurse at (262) 363-6292 ext. 27515

[Health Services Forms](#)

[Mukwonago Area Schools - School Board Policy](#)