Medication Release Form: Medication(s) Returned Home

McFarland School District Health Services

Please <u>check one</u> box to indicate your plan for collecting your student's medication(s) at the end of this school year:

☐ **<u>Please send my student's medication(s) home with them</u>**

- ***KF-5th***–Prescription Medications (including Controlled Substances such as Methylphenidate and Emergency Medications such as EpiPens) *<u>MAY NOT</u>* be sent home with students to protect student safety and must be picked up by a parent/guardian or other verified adult. Over the counter medication and Inhalers may be sent home with students with parent/guardian consent-complete form below.

☐ **<u>I will pick up my student's medication</u>**

- I understand if they have not been collected by **<u>3:30 pm on Tuesday, June 9th</u>** I will need to contact Sadie Frank, Summer School Health Assistant, 608-838-4673 or FrankS@mcfsd.org to arrange pick up during summer school hours. *I understand any medication not retrieved by the end of summer school Thursday, July 16th will be disposed of.*

_____ _____

Student Name *Student Grade*

_____ _____

Parent/guardian Signature *Date*

Name of medication(s):	***Health Office Personnel Only*** **Qty Sent Home:**

Health Office Personnel Only

Date Medication Returned: _____

Verified By: _____

McFarland School District: Health Services

Stephanie Peplinski, District Nurse (EC - 5th) Phone: 608-838-4679 Email: PeplinS@mcfsd.org	**Gabby Courseault, School Nurse (6 - 12th+)** Phone: 608-838-4671 Email: CourseG@mcfsd.org

MPS Health Office *Heather Patrinos* Email: PatrinH@mcfsd.org Phone: 608-838-4674 Fax: 608-838-4503	**WIS Health Office** *Sadie Frank* Email: FrankS@mcfsd.org Phone: 608-838-4673 Fax: 608-838-4613	**IMMS Health Office** *Krisy Oestreich* Email: OestreK@mcfsd.org Phone: 608-838-4672 Fax: 608-838-4588	**MHS Health Office** *Susan Borchardt* Email: BorchaS@mcfsd.org Phone: 608-838-4682 Fax: 608-838-4562

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