

Parent(s)/Guardian Medication Authorization Form

Student's Name: _____ **Date of birth:** _____

Address: _____ **Grade:** _____

As the parent and guardian of the above mentioned student, I give PEACE LUTHERAN SCHOOL permission to administer the following medication(s) to my child for the following reason or diagnosis _____

Medication*	Dosage (mg, cc, ml, etc)	Prescription or Non-Prescription	How it is to be given	How often	Start Date	Stop Date	Considerations/ Side Effects
1.							
2.							
3.							

** All medications must be come in the original packaging and be turned into the school office*

As the parent or guardian of the above mentioned student, I will keep PEACE LUTHERAN SCHOOL aware of any changes in medication(s) profile or health concern of my child.

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, school districts are required to have permission from a medical provider and parent to administrator medications at school. (The prescription printed on the bottle can act as the medical providers consent.) As part of this authorization form, school district employees may contact the medical provider with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above with parent permission.

Parent(s) Guardian Signature: _____ Date: _____