

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 ST. JOHN'S EVANGELICAL LUTHERAN SCHOOL permission to administer the following medication(s) to my child for the following reason or diagnosis

_____.

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

As the parent or guardian of the above mentioned student, I will keep ST. JOHN'S EVANGELICAL 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, schools are required to have permission from a medical provider and parent to administrator prescriptions at school. [The prescription itself is considered permission from the medical provider.] As part of this authorization form, school employees may contact the medical provider and/or parent 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:** _____