



PARENT(S)/GUARDIAN MEDICATION AUTHORIZATION FORM
NONPRESCRIPTION MEDICATION

STUDENT'S NAME:	DOB:
SCHOOL:	GRADE:
DIAGNOSIS:	

As the parent and guardian of the above mentioned student, I give the school permission to administer the following medication(s) to my child for the diagnosis/reason listed above:

MEDICATION NAME	DOSAGE: (MG, CC, ML ETC)	ROUTE: (HOW IT IS TO BE GIVEN)	FREQUENCY: (HOW OFTEN)	START DATE	STOP DATE	SIDE EFFECTS
1.						
2.						
3.						
4.						

As the parent or guardian of the above mentioned student, I will keep the 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, schools are required to have permission from a parent/guardian to administer nonprescription medications at school. As part of this authorization form, school 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.

All medications must be in the original container listing the recommended therapeutic dosage. Administration of a dosage other than the recommended therapeutic dose may be given only if the written request to do so is also accompanied by the written approval of the child's medical provider.

PARENT(S) GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



MEDICAL PROVIDER AUTHORIZATION FORM
PRESCRIPTION MEDICATION

Form with fields for Student's Name, School, Diagnosis, DOB, and Grade.

DAILY MEDICATION

Table with 7 columns: Medication, Dosage, Route, Frequency, Start Date, Stop Date, Side Effects. Rows 1 and 2.

AS NEEDED OR PRN MEDICATION

Table with 7 columns: Medication, Dosage, Route, Frequency, Start Date, Stop Date, Side Effects. Rows 1 and 2.

MEDICAL PROVIDER CONSENT

Consent form with text: 'I authorize the school to the give the above medication(s) to this student.' and signature fields.

PARENT CONSENT

Parent consent form with text: 'I give the school permission to administer the above medications as directed by the medical provider.' and signature fields.

As part of the authorization form, school personnel may contact the medical provider and parent with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.