

Parent(s)/Guardian Medication Authorization Form

Parent/Guardian Responsibilities:

1. Complete the "Medication Authorization Form" permitting the school to give medication in the dosage prescribed by the physician and to communicate with the physician.
2. Deliver the physician instructions, parental authorization and medication to the school principal.
3. The medication must contain a label with the child's name, drug, dosage, time to be given and physician's name.
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in medication, dosage or time to be given, or annually for long term drug therapy.
5. Notify the school when the drug is discontinued.

Student's Name: _____ Date of birth: _____

Address: _____ Grade: _____

As the parent/ guardian of the above mentioned student, I give the Frederic School District 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 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.
- 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/ Guardian Signature: _____ Date: _____