

Parent(s)/Guardian Medication Authorization Form

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

Address: _____ **Grade:** _____

Medication Name and Strength: _____

Dose: _____

Route: _____

Time to be administered at school: _____

Date order effective from: _____ **To:** _____

Diagnosis/Reason for Medication: _____

Medication Name and Strength: _____

Dose: _____

Route: _____

Time to be administered at school: _____

Date order effective from: _____ **To:** _____

Diagnosis/Reason for Medication: _____

Medication Name and Strength: _____

Dose: _____

Route: _____

Time to be administered at school: _____

Date order effective from: _____ **To:** _____

Diagnosis/Reason for Medication: _____

As the parent or guardian of the mentioned student, I give the Rib Lake School District permission to administer the following medication(s) to my child. I will keep the school district aware of any changes in medication(s) profile or health concerns 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 administer medications at school. 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:** _____