

Medical Provider Authorization Form  
Prescription Medication

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Daily Medication

Medication	Dosage	Route	Frequency	Start Date	Stop Date	Side Effects
1.						
2.						

As Needed or PRN Medication

Medication	Dosage	Route	Frequency	Start Date	Stop Date	Side Effects
1.						
2.						

Medical Provider Consent

I authorize the school to give the above medication(s) to this student.

**Asthma Inhalers and Epi-Pens Only:** This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self administer at school. Yes \_\_\_\_\_ No \_\_\_\_\_

Print Medical Provider Name: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Consent

I give the school permission to administer the above medications as directed by the medical provider.  
 Inhaler/Epi-Pen Only: My child may \_\_\_\_\_ or may not \_\_\_\_\_ carry and self administer.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



Parent(s)/Guardian Medication Authorization Form  
Nonprescription Medication

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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.						

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: \_\_\_\_\_