

Medical Provider Authorization Form for Prescription Medication

Student's Name	Date of birth
Student's Diagnosis	

Trinity Lutheran School is authorized to give the following medication(s) to the above student.

Daily Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

PRN Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations
1.					
2.					
3.					

As a part of the Wisconsin Statute Chapter 118.29, schools are required to have permission from a medical provider to administer medications at school. As part of the authorization form, school employees 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.

Print Medical Provider Name

Date

Medical Provider Signature

Clinic

Phone Number

As the parent or guardian of the child named above, I give Trinity Lutheran School permission to administer the above listed medication(s) to my child for the above mentioned diagnosis. As the parent or guardian of the above mentioned child I will keep the school aware of any changes in medication or health concern of my child.

As a part of Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, schools are required to have permission from medical providers and parent to administer 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.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Principal Signature