

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

Address: _____ **Grade:** _____

Parent / Guardian Medication Authorization

As the parent and guardian of the above mentioned student, I give Our Lady of the Lakes Catholic Grade School 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.)					

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 concerns of my child.

Parent/Guardian Signature: _____ Date: _____

Medical Provider Authorization Form

Daily Medication

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

As Needed or PRN Medications

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

Print Medical Provider Name: _____ Date: _____

Signature: _____

Clinic: _____ Phone Number: _____

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, Schools are required to have permission from a medical provider and parent to administer medications at school. As part of this authorization form, Our Lady of the Lakes Catholic Grade School may contact the medical provider with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication listed above with parent permission.