



ST. PAUL LUTHERAN SCHOOL | LAKE MILLS, WISCONSIN

**Medical Provider's School Authorization Form
(For prescription medication)**

Student Name _____ Date of birth: _____

Parent Signature _____ Parent Phone # _____

Student Diagnosis: _____

St. Paul Ev. Lutheran School is authorized to give the following medication(s) to above named student...

| Daily Medication/Dosage | Route | Frequency | Start Date | Stop Date | Considerations/Side Effects |
|-------------------------|-------|-----------|------------|-----------|-----------------------------|
| 1. | | | | | |
| 2. | | | | | |

| Medicine as needed (PRN) ... Dosage | Route | Frequency | Start Date | Stop Date | Considerations/Side Effects |
|--|-------|-----------|------------|-----------|-----------------------------|
| | | | | | |

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.

Medical Provider Signature: _____ Date: _____

Medical Provider Name: _____ Phone # _____
(please print)

Clinic Offices: _____ Phone # _____
(please print)

**(Parents, please bring this form to school office with medication in original prescription bottle properly labeled.
Office staff, copy this form placing original in the student health file, giving duplicate/log & medication to teacher.
Teacher, place meds in secure location, duplicate/log form in class notebook, administer/record as instructed.)**