St. Paul's Evangelical Lutheran School
Bangor, WI 54614

Picture of student if available

Medical Authorization Form

Student's Name: _____

Date of birth: _____

Student's Diagnosis: _____

St. Paul's Evangelical Lutheran School Personnel is authorized to the give the following medication(s) to the above student.

Daily RX Medication

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

OTC or PRN Rx Medication

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

As a part of the Wisconsin Statute Chapter 118.29, school districts are required to have permission from a medical provider to administrator medications at school. As part of the authorization form, school district employees may contact the medical provider and parent regarding 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:** _____

Print Parent Name: _____ **Date:** _____

Parent Signature: _____ **Phone Number:** _____

Date	Time	Initials		Date	Time	Initials		Date	Time	Initials

Delegating School Nurse: _____ **Initials:** _____ **Date:** _____

School personnel authorized to administer the medication:

1. _____ **Initials:** _____ **Date:** _____
2. _____ **Initials:** _____ **Date:** _____
3. _____ **Initials:** _____ **Date:** _____
4. _____ **Initials:** _____ **Date:** _____
5. _____ **Initials:** _____ **Date:** _____
6. _____ **Initials:** _____ **Date:** _____