

Physician Order for School Medication Administration

Student's Name: _____ Date of Birth: _____

Name of School: _____ Grade: _____

TO BE COMPLETED BY PHYSICIAN

Menomonie School District is authorized to give the following medication(s) to the above student.

Medication(s)	Dosage	Time to be given at school	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

Diagnosis: _____

For emergency medications such as epinephrine auto-injectors and/or inhalers:

The student has received instruction and has demonstrated competency in the use of medication. Child may carry and self-administer medication as prescribed: Yes No

Print Medical Provider Name: _____ Date: _____

Medical Provider Signature: _____

Clinic _____ Phone Number: _____

TO BE COMPLETED BY PARENT/GUARDIAN

- As part of the Wisconsin Statute 118.29, school districts are required to have permission from a medical provider and parent to administer medications at school. As parent of this authorization form, I give permission for my child to receive the above medication(s) as directed and for school district employees to contact the medical provider directly if there are any questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.
- I must provide medication(s) in the original container labeled clearly with the child's name and prescribing information.
- I will keep the district aware of any changes in medication(s) profile or health concern(s) for my child. I will provide the school with a new School Medication Administration form whenever there is a change in the medication or its instructions.
- I will notify the school in writing when the medication is discontinued and I will pick up the medication.
- I understand that I will pick up the medication at the end of the school year. I understand any unused medication not picked up by the end of the school year will be disposed of by school personnel.

Parent/Guardian Signature

Phone Number

Date

