PRESCRIPTION MEDICATION PERMISSION FORM

PHYSICIAN AND PARENT REQUEST FOR
SCHOOL ADMINISTRATION OF MEDICATION
(Wisconsin Statute 118.29, 118.291 and 118.292)

Date Form Received by the School: _____

Name: _____ Date of Birth or Age: _____

Grade: _____ Teacher/Classroom: _____

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Reason for Medication: _____

Name of Medication (one per form): _____

Form of Medication/Treatment:

□ Tablet/capsule □ Liquid □ Inhaler □ Injection □ Nebulizer □ Other: _____

Instructions (Schedule and dose to be given at school): _____

_____

Restrictions and/or Important Side Effects: □ None anticipated
□ Yes. Please describe:_____

Special Storage Requirements: □ None □ Refrigerate □ Locked □ Other:_____

Duration:
Start: □ date form received □ Other date:_____

Stop: □ end of school year (may include summer school) □ Other date:_____

For Inhaled Medications or Epinephrine Auto-Injectors Only:
This student is capable and responsible for carrying and self-administering:
□ No □ Yes-Supervised □ Yes-Unsupervised

For Other Non-Controlled Prescription Medications:
This student is capable and responsible for carrying and self-administering:
□ No □ Yes

The health care provider whose signature follows hereby authorizes school personnel to administer medication/treatment as prescribed and also agrees to accept communication regarding the administration procedures. It is understood that non-licensed, trained personnel may give the medication/treatment.

_____ _____ _____
Provider Signature/Title Print Ordering Provider Name Date

_____ _____
Address Phone Number

TO BE COMPLETED BY SCHOOL NURSE
If provider checked yes for carrying and self-administering, is this student capable and responsible to do so:
□ No □ Yes _____ _____
Signature Date

TO BE COMPLETED BY PARENT/LEGAL REPRESENTATIVE
The school personnel have my permission to administer this medication/treatment as indicated above and according to school policy. Per WI N6.03 Nurse Practice Standards, the nurse may consult with the provider if there are questions or concerns about the order.

_____ _____ _____
Parent/Legal Representative Signature Relationship Date