HOLY CROSS CATHOLIC SCHOOL
TEACHING AS JESUS DID SINCE 1868

GRACE
GREEN BAY AREA CATHOLIC EDUCATION
Schools United for Excellence

Medication Authorization Form
2018-2019

Student Name _____Grade _____

Phone _____ Birthday _____

Physician's Name _____ Phone _____

Name of Medication _____

Check one: _____ non-prescription _____ prescription

Reason Medication is to be given _____

Amount to be given _____

Route to be given _____How often to given _____

Date/s to be given _____

Time of day to be given _____

Possible side effects _____

As the parent/guardian, of the above mentioned student, I give St. Bernard School permission to administer the medication indicated above. I will keep the school aware of any changes in medication(s) profile or health concerns of my child. **We do not administer any medication that does not have the prescription label or over the counter label on the container.**

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, school districts are required to have permission from a medical provider and/or parent to administer medication at school. As part of this authorization form, school employees may contact the medical provider with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.

Parent/Guardian Signature _____ Date _____