

Parent Authorization Form for Over the Counter Medication

Student's Name	Date of birth
Reason for medication	

Martin Luther School is authorized to give the following medication(s) to the above student.

Medication

Medication Strength & Dosage (mg, cc, ml, etc)	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

As the parent or guardian of the child named above, I give Martin Luther School permission to administer the above listed medication(s) to my child for the above mentioned symptoms. As the parent or guardian of the above mentioned child I agree to notify the school in writing of any changes in medication or health concern of my child. I agree to hold Martin Luther Church and School and its employees who are acting within the scope of their duties harmless from any and all claims arising from the administration of this medication.

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

Print Parent/Guardian Name _____

Date _____

Parent/Guardian Signature _____

Principal Signature _____

- All medication must be in the original package with dosing directions clearly legible.
- All medications must be provided by a parent.
- All partial tablets must come pre-cut from home.
- With the exception of an asthma inhaler, NO medication may be kept on the students, in a backpack or desk. All medication must be kept in the office.
- No expired medication will be dispensed.