

# Concordia Lutheran School

## Medical Provider Authorization Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Diagnosis: \_\_\_\_\_

Concordia Lutheran School is authorized to give the following medication(s) to the above student:

### Daily Medication

Medication/Dosage (mg, cc, ml, etc)	How it is to be given	How often	Start Date	Stop Date	Considerations/ Side Effects
1.					
2.					
3.					

### As Needed or PRN Medication

Medication/Dosage (mg, cc, ml, etc)	How it is to be given	How often	Start Date	Stop Date	Considerations/ Side Effects
1.					
2.					

As 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 with 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 \_\_\_\_\_