

Zion Lutheran School

3600 South Chicago Avenue, South Milwaukee, WI 53172

Parent / Guardian Medication Authorization Form

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|--------------|---------------|
| Student Name | Date of Birth |
| Address | Grade |

As the parent / guardian of the above mentioned student, I give Zion Lutheran School of South Milwaukee permission to administer the following medication(s) to my child for the following reason or diagnosis:

| Medication | Dosage <i>mg, cc, ml, etc.</i> | Route <i>mouth, inhaled, injected, other</i> | How Often | Start Date | Stop Date | Considerations / Side Effects |
|------------|---------------------------------------|---|-----------|------------|-----------|-------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

As the parent or guardian of the above mentioned student, I will keep Zion Lutheran School of South Milwaukee aware of any changes in medication(s) profile or health concern of my child.

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, schools are required to have permission from a medical provider and parent to administer medications at school. As part of this authorization form, Zion Lutheran 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 with parent permission.

Parent / Guardian Signature: _____ Date: _____