

Medical Provider Authorization Form

Student's Name	Date of Birth
Student's Diagnosis	

Zion Lutheran School of South Milwaukee is authorized to give the following medication(s) to the above student.

DAILY MEDICATION

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 NEEDED or PRN MEDICATION

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 a part of the Wisconsin Statute Chapter 118.29, schools are required to have permission from a medical provider to administer medications at school. As part of the authorization form, Zion Lutheran School 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: _____