

PARENT/GUARDIAN MEDICATION AUTHORIZATION FORM

Board Policy 453.4-Exhibit

(Please type or print)

As part of the 2009 Wisconsin Act 160 (Senate Bill 414), Administration of Drugs to Pupils and Emergency Care, school districts are required to have permission from a medical provider and parent to administer medications at school. As part of this authorization form, school district 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 below with parent permission.

All medications, prescription and non-prescription (i.e. Tylenol, ibuprofen, ointments, etc.), must be sent to school in properly labeled bottles. For prescription drugs, ask the pharmacist for an extra bottle, labeled with name of pharmacy, student's name, physician's name, drug name, dosage, and frequency. For non-prescription drugs, label the bottle with the student's name. Do not cover the manufacturer's directions. All medications will be secured in a locked cabinet in the school office. All medication remaining at the end of the school year will be disposed of unless you specify otherwise.

Student's Name _____ Date of Birth _____

Address _____ Grade _____

| MEDICATION/DOSAGE (mg, cc, ml, etc) | HOW IS IT TO BE GIVEN | HOW OFTEN | START DATE | STOP DATE | CONSIDERATIONS/ SIDE EFFECTS |
|--|--------------------------|--------------|---------------|--------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

As parent/guardian of the above mentioned student, I give the Baldwin-Woodville Area School District permission to administer the above medications to my child for the following reason or diagnosis:

I will keep the school district aware of any changes in the medication profile or health concern of my child.

Parent/Guardian Signature _____ Date _____