

**KENOSHA COUNTY SCHOOLS**

**MEDICATION AUTHORIZATION FORM**

**Prescription Medication:** Physician to complete Part A. Parent/Guardian to complete Part B. Return form to school. Additional forms are available at the school office.

**Non-Prescription Medication:** Parent/Guardian to complete Part B only.

**PART A – ONE MEDICATION PER FORM**

Notice to school employees administering medication as designated by school officials to provide the following medication to the student as directed below:

Student Name: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Route: \_\_\_\_\_  
Time(s) Administered: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Student may carry medication for Emergency purposes: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Give medication on: \_\_\_\_\_ empty stomach \_\_\_\_\_ full stomach \_\_\_\_\_ not applicable  
Addition directions/symptoms: \_\_\_\_\_

**NOTE:** Designated school staff who dispense medication to the above student may call me at any time with questions or concerns related to this student’s medical condition and medication.

**DOCTOR’S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**DOCTOR’S NAME**(Please print): \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PART B – ONE MEDICATION PER FORM**

I hereby give permission to school employees designated by school officials to give medication to my child according to the following directions.

I further give permission to school authorities to contact my child’s physician regarding this medication. I will notify the school in writing at the termination of this request or when any medication changes occur.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Dosage to be Give: \_\_\_\_\_  
When to be given and how often: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

I have read the Criteria for Dispensing Medication at school on the back of this page and agree to meet this criteria. ALL medication must be in a properly labeled container.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAYTIME PHONE NUMBER: \_\_\_\_\_