



Medical Provider Authorization Form

Student's Name: _____ Date of birth: _____

Notre Dame de la Baie Academy is authorized to the give the following medication(s) to the above student:

Daily Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

As Needed or PRN Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations
1.					
2.					
3.					

Under Wisconsin Statute Section 118.29, private schools are required to have permission from a medical provider to administer medications at school. School employees are hereby authorized to 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: _____