Parent(s)/Guardian Medication Authorization Form

Student's Name: _____ Date of birth: _____

Address: _____ Grade: _____

Parent/Guardian Phone Numbers: _____

As the parent and guardian of the above mentioned student, I give Notre Dame Academy permission to administer the following prescription and non-prescription medication(s) to my child for the following reason or diagnosis:

_____

_____.

Medication/Dosage (mg, cc, ml, etc)	**How it is to be given**	**How often**	**Start Date**	**Stop Date**	**Considerations/ Side Effects**
1.					
2.					
3.					
4.					
5.					
6.					

Revised: October 2013

Student's Name: _____ Date of birth: _____

Parent/Guardian Phone Numbers: _____

Non-Prescription Medicine – School Supply

As the parent and guardian of the above mentioned student, I give Notre Dame Academy permission to administer the following non-prescription medication(s) (or generic equivalent) from its supply to my child based on the recommended therapeutic dose as indicated on the container (check all that apply):

___ Aspirin
___ Tylenol
___ Advil (Ibuprofen)
___ Aleve (Naproxen Sodium)
___ Pepto Bismol
___ Tums (Antacid)
___ Benadryl
___ Claritin
___ Cough Drops
___ Sun Screen
___ Neosporin (Antibiotic Ointment)
___ Topical Cortisone (Anti-itch)
___ Insect Bite Relief Pen

___ Please contact me if you administer the following medication from the school supply to my child:

_____

_____

As the parent or guardian of the above mentioned student, I will keep Notre Dame Academy aware of any changes in medication(s) profile or health concern of my child.

Under Wisconsin Statute Section 118.29, Administration of Drug to Pupils and Emergency Care, private schools are required to have permission from a medical provider and parent to administer prescription medications at school. School employees are hereby authorized to 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(s) Guardian Signature: _____ Date: _____

Revised: October 2013