

# FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH PROGRAMS

72 W. Ninth Street, Fond du Lac, WI 54935 Telephone 920-906-6548 FAX 920-906-6563

## MEDICATION AUTHORIZATION

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Prescribing Physician: \_\_\_\_\_ Physician Address: \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_  
 Diagnosis 1: \_\_\_\_\_ 2. \_\_\_\_\_

### Parent Permission

I am requesting that my child receive prescription or over-the-counter medication at the time indicated and as designated by his/her medical provider. I will be responsible for bringing the prescription drugs to school in a labeled container from the pharmacist. I also understand that I am responsible for maintaining a sufficient quantity of the medication or supplies at the school. Failure to do this will result in an interruption of the physician's order or discontinuation of the school's administration of the medication/procedure for my child. I understand that, if my child refuses to take the medication(s), force will not be used by school personnel to make my child comply. School personnel have permission to communicate with the prescribing medical provider regarding use, side effects, response, and contraindications of the medication(s) or the procedure results of frequency. I can rescind my permission at any time.

Parent/Guardian Name/Relationship	Address	Phone Number
Signature of Parent/Legal Guardian	Date	Email

### Health Care Provider Authorization:

I am prescribing the following medication and procedures for the above student to be administered or performed at school.

#### DAILY

Name of Daily Medication (Generic and Trade Name)	Dosage/ Frequency	Time(s) (AM/PM):	Start date	Stop date	Allowed to Self- Admin (Grades 9- 12 only)	Not Allowed to Self-Admin (Grades 9-12 only)	Possible Adverse Side Effect or Contraindications:

#### PRN (AS NEEDED)

Name of PRN Medication (Generic and Trade Name)	Dosage/ Frequency	Time(s) (AM/PM):	Start date	Stop date	Allowed to Self- Admin (Grades 9- 12 only)	Not Allowed to Self-Admin (Grades 9-12 only)	Indicate conditions for which it is used for and possible adverse side effects or contraindications:

#### INHALERS/INSULIN/EPI-PEN:

- Inhaler/Insulin/Epi-Pen (circle one) is kept by designated school personnel and used under supervision
- Inhaler; totally independent (Has been trained by physician on use and is prepared to self-administer-grades 6-12 only)
- Insulin; totally independent (Has been trained by physician on use and is prepared to self-administer-grades 6-12 only)
- Epi-Pen; totally independent (Has been trained by physician on use and is prepared to self-administer-grades 6-12 only)

**PLEASE NOTE: The above orders shall be effective throughout the current school year and summer school unless the orders are discontinued, changed or withdrawn in writing by the parent/guardian before that time elapses.**

Physician's Signature	Date (Mo/Day/Yr)
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