



School District of Kettle Moraine
Medication Authorization



This form must be completed if your child requires any medication at school.

STUDENT

Student Legal Name (as it appears on birth record or other legal document)

Form with fields for Last Name, First Name, Middle (full), Gender, Birth Date, Age, Grade, Suffix, and Nickname.

FOR COMPLETION BY PHYSICIAN

Table with 3 columns: MEDICATION, DOSE, TIME/FREQUENCY

REASON FOR MEDICATION:

PHYSICIAN SIGNATURE and DATE fields

Physician Name/Practice, Address, Phone, Fax fields

A physician signature for medication authorization is required by law and District policy.

Wisconsin Statute 118.291 and School District Policy require pupils to have written authorization by a physician and parent/guardian on file with the school administration for all medications including non-prescription medications.

FOR COMPLETION BY PARENT

As parent of the above named student I give permission for school staff to supervise the administration of the medication authorized by my physician.

PARENT SIGNATURE and DATE fields