

St. Paul Lutheran School
701 Washington Ave. Grafton, WI. 53024

Medication Authorization

Medication procedure – All medications taken by students at school must be given by authorized St. Paul staff. Medication must be in the original container.

- **Over the counter medication** – requires parent signature and dosage information on the form below to authorize staff to give the medication.
- **Short term prescription medication** (antibiotics, medication for rashes, etc.) – requires parent signature and dosage information.
- **Long term prescription medication** (Ritalin, inhalers, etc.) – requires physician signature, parent signature, and dosage information.

Due to complications that may arise, St. Paul staff may not give intra-muscular medication. Times of respiratory distress or severe allergic reaction will be a noted exception.

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Medication Authorization Form

Student: _____ Date: _____

Medication: _____

Type of Medication: Over the counter
 Short-term prescription
 Long-term prescription

Dosage: _____

Reason for giving medication: _____

Physician Signature: _____ Date: _____

I request that the medication(s) listed above by the physician or myself be given to my child while they are at school. I release the school staff from liability in the event that a reaction results from use of that medication.

Parent Signature: _____ Date: _____

Note – All medication sent to school must be in the original over-the-counter or prescription bottle.