



**Bethlehem Lutheran School
Parent/Guardian Authorization for Medication**

*We exist to exalt the
Lord, educate his children,
and evangelize the world*

Student Name: _____ DOB: _____ Grade: _____

Address: _____

As the parent of the above mentioned student, I give Bethlehem Lutheran School permission to administer the following medication(s) to my child for the following reason or diagnosis

Further, I understand it is my responsibility to furnish the medication for each student in original packaging to the office at each campus of Bethlehem.

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

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

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, school districts are required to have permission from a medical provider and parent to administrate prescription medications at school. As part of this authorization form, school district employees may 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: _____