

Medication Authorization Form

Student's Name: _____

Date of birth: _____

OTC (Over The Counter) medications may be kept in the student's locked locker as long as this form is on file with the Main Office. Prescription (Rx) medications must be kept in the Main Office.

Kettle Moraine Lutheran High School is authorized to give the following medication(s) to the above student.

Medication/Dosage	OTC or Rx	Location medication will be kept	Route	How often	Start Date	Stop Date	Considerations/Side Effects	Notes
Example: <i>Ibuprofen, 2- 200 mg tablets.</i>	<i>OTC</i>	<i>Locker</i>	<i>Orally</i>	<i>As needed, every 4-6 hours</i>	<i>08/18/22</i>	<i>05/25/23</i>		<i>For headaches.</i>
1.								
2.								
3.								
4.								
5.								

If a prescription medication is to be administered, the medication must be in the original packaging with the RX label attached. As part of the authorization form, school employees may contact the medical provider and/or parent with questions regarding the medication administration including clarification regarding dosage, frequency, or side effects of the medication(s) listed above. As the parent or guardian of the above indicated student, I will keep KMLHS aware of any changes in medication(s) or health concerns with my child.

Parent/Guardian Signature: _____

Date: _____