

Medication Authorization Form  
For Administering Prescription and Non-Prescription Drugs

**St. John's Lutheran School**  
**Newburg, WI**

This form authorizes a teacher or other trained school employee of St. John's to administer medication during the school day as follows:

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

And/or condition under which medication should be given:

\_\_\_\_\_

Duration of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Name of Prescribing Physician \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

All medication should be in a properly labeled container and must be given to the classroom teacher who will provide safe storage at school. Prescription drugs should be in their original container with the pharmacy label attached.