KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
MEDICATION AUTHORIZATION FORM

SCHOOL NAME: __________________________ PHONE: ___________ FAX: ___________

ONE MEDICATION PER FORM


Medication to be administered as directed.

Student Name: ____________________________ DOB: __/__/______
Medication: ________________________________
Dosage: ______________________________________
Route: ______________________________________
Time(s) Administered: _________________________
Reason for Medication: ________________________
Student may carry medication for Emergency purposes: _____ Yes _____ No
Additional directions/symptoms: ________________________________

Health Care Provider Signature: ___________________________ Date: __/__/______
Health Care Provider Name (Please Print): __________________________
Address: ___________________________ Phone: ___________ Fax: ___________

NOTE: Parent/Guardian signature permits designated school staff to dispense medication to the above student and to contact the health care provider at any time with questions or concerns related to this student’s medical condition and medication.

Parent/Guardian Signature: ___________________________ Date: __/__/______
Parent/Guardian Name (Please Print): __________________________
Daytime Phone Number: ___________________________

CRITERIA FOR DISPENSING MEDICATION

1. **Authorization:** Students requiring medication at school, including herbal and vitamin supplements, shall provide a completed "Medication Authorization Form". Prescription medications require a signature from both a health care provider and parent/guardian. Non-prescription medications require the parent/guardian signature. The parents must notify the school when the drug is discontinued or for any changes. An updated medication authorization form is required for all changes in medication, dosage, or administration time. All medication authorization forms must be renewed annually. All unclaimed medication at the end of the school year will be disposed of per policy.

2. **Container:** All medication must be supplied in the original container. Prescription medications require the pharmacy label. Non-prescription medication must be in the original container with the directions on the container including student name. All medication shall be kept in a locked cabinet.

3. **Delivery to School:** It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication.