KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
MEDICATION AUTHORIZATION FORM

SCHOOL NAME:_____ **PHONE:**_____ **FAX:**_____

ONE MEDICATION PER FORM

Prescription Medication: Health Care Provider to complete. Health Care Provider signature required. Parent/Guardian signature required.

Non-Prescription Medication: Parent/Guardian to complete. Parent/Guardian signature required.

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.