

**Medication Authorization Form
For Administering Prescription and Non-Prescription Drugs**

**Trinity-St. Luke's Lutheran School
Watertown, WI**

**Western Avenue Campus
Kindergarten - Grade Four
801 South Fifth Street
Watertown, WI 53094
(920) 261-3615**

**Clark Street Campus
Grades Five - Eight
303 Clark Street
Watertown, WI 53094
(920) 206-1844**

This form authorizes a teacher or other school employee of TSL to administer medication during the school day as follows:

Name of Student _____ Grade _____

Name of Medication _____

Dosage _____

Time to be given _____

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