St. John Lutheran School
E10723 Hwy Z
Wausau, WI 54403
www.stjohnofwausau.org

Rev. Ray Connor, Vacancy Pastor
Mrs. Mary Jo Prahl, Administrator
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Permission to Administer Medication Form

St. John policy states that ALL prescription medication dispensed at school, including students who carry and self-administer inhalers and Epi-pens, have written instructions signed by the physician and the parent/guardian. *Non-prescription or over-the-counter medications require written instructions from the parent/guardian.*

Name of student: _____ Date of Birth: _____
Address: _____ Phone: _____
School: _____ Grade: _____
Medical diagnosis(es): _____

MEDICATION INSTRUCTIONS

Medication	Dosage	Frequency	Times given at home	Times given at school

Medication order effective from: _____ until: _____

Emergency Medication Administration Section: Check all boxes that apply.
Student has demonstrated correct use of his/her medication
Inhaler for asthma –

- Student may self-carry and self administer the medication **Yes** **No**

Epi-pen for anaphylactic life threatening reactions –

- Student may self-carry and self-administer the medication. **Yes** **No**

I have instructed my child to notify a staff member if they use any of the listed emergency medications at school. I understand that my child will be transported to the nearest emergency room for care by an ambulance; and my child is responsible to take the emergency medications they self carry on field trips.

Parent's Directions: _____

_____

PHYSICIAN–PARENT CONSENT

Physician's signature authorizes staff to give the listed medication to my child. I hereby give permission to the staff designated by school principal to give the above medication to my child according to the instructions stated above and authorize them to contact my child's physician if necessary. A new form is needed when there are changes in the dose of medication or if the medication is discontinued. Consent is valid for one school year.

Physician's name, address, phone

_____ _____
_____ Physician's signature/date
_____
_____
_____ _____ Parent/
guardian signature Date