Richmond School District
N56 W26530 Richmond Road - Sussex, WI 53089
Phone (262) 538-1360 Fax (262) 538-1572

AUTHORIZATION OF MEDICATION FOR STUDENTS
(Not to be used for students with Asthma or Epi Pen plans)

Please print or type:
Student Name ______________________________ Parent/Guardian ______________________________

Home Phone ____________________ Work Phone ____________________ Cell ____________________

Teacher ______________________ Grade _________ Birthdate ______________ ☐ Male ☐ Female

Physician's Name ______________________________ Physician's Phone Number ____________________

Name of Medication ______________________________ Strength ____________ Dose ____________________

FORM: ☐ Tablet ☐ Capsule ☐ Liquid ☐ Ointment ☐ Cream ☐ Lotion ☐ Inhaler ☐ Other

Time of day to be given______________ or /every ________hrs. Dates to be given ______________________________

If medication is being given "WHEN NEEDED," describe indications: ______________________________

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Special instructions: ____

PHYSICIAN SIGNATURE NEEDED FOR PRESCRIPTION MEDICATION ONLY

TO THE PHYSICIAN: According to the State of Wisconsin Medical Examining Board and the Richmond School District's *Administrative Guidelines for Dispensing Prescription and Nonprescription Medication to Students*, it is requested that you complete this form before school personnel may dispense or administer **Prescription** medication. By signing this form, you indicate a willingness to accept direct communication from the person dispensing or administering the medication.

PHYSICIAN'S SIGNATURE ______________________________________ DATE ____________________

TO THE PARENT/GUARDIAN: By signing below, you request and authorize that your son/daughter can be assisted in taking the medication described above at school by designated school staff.

PARENT/GUARDIAN SIGNATURE ______________________________________ DATE ________________

PARENTS/GUARDIANS ARE RESPONSIBLE FOR DELIVERING MEDICATIONS TO SCHOOL IN ORIGINAL CONTAINER. STUDENTS ARE NOT ALLOWED TO BRING MEDICATIONS TO SCHOOL – ONLY PARENTS/GUARDIANS !