St. Peter Lutheran School
N2740 French Rd.
Appleton, WI 54913

PERMISSION TO ADMINISTER ORAL MEDICATION IN SCHOOL TO STUDENTS IN GRADES 5K – 8. ANY MEDICATION THROUGHOUT THE SCHOOL YEAR REQUIRES THIS FORM.

Student's Name: ____ Grade: ___________

Classroom Teacher: ____

Parent's Name: ____

Address: ____ Phone: __________________

Instructions for administering medication at school.

Name of Medication	Dosage	Time to be Administered	Begin (date)	End (date)

Please indicate purpose of Medication listed above and possible side effects.

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Physician's Name: _________________________________ Phone: _____________________

Date Contacted: ____

Parent's Signature: _______________________________________ Date: ________________

Authorizing administration of medications indicated above.
Bring this form and medication in its original container directly to the **school office**. Medications will be kept in a secure location. Medications will be dispensed by the school staff.

St. Peter Lutheran School
N2740 French Rd.
Appleton, WI 54913

PERMISSION TO ADMINISTER ORAL MEDICATION IN SCHOOL TO STUDENTS IN 3K & 4K.
ANY MEDICATION THROUGHOUT THE SCHOOL YEAR REQUIRES THIS FORM.

Student's Name: ____ Grade: ___________

Classroom Teacher: ____

Parent's Name: ____

Address: ____ Phone: __________________

Instructions for administering medication at school.

Name of Medication	Dosage	Time to be Administered	Begin (date)	End (date)

Please indicate purpose of Medication listed above and possible side effects.

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Physician's Name: __________________________________ Phone: ______________________

Date Contacted: ____

Parent's Signature: ____ Date: ________________

Authorizing administration of medications indicated above.
Bring this form and medication in its original container directly to **Mrs. Jessica Figueroa, Early Childhood Director**. Medications will be kept in a secure location. Medications will be dispensed by the school staff.