

Form 5140.2 (a)

Parent(s)/Guardian Medication Authorization Form Nonprescription Medication

School:				Date of birth:			
				Grade:			
Diagnosis:							
As the parent and guardian of medication(s) to my child for				ool permiss	ion to adm	inister the following	
Medication Name	Dosage: mg, cc, ml, etc	Route: How it is to be given	Frequency: How often	Start Date	Stop Date	Side Effects	
1.		go					
2.							
3.							
As the parent or guardian of medication(s) profile or he			udent, I will keep	the school	aware of	any changes in	
As a part of the Wisconsin Si administer nonprescription m medical provider with questic or indication of the medicatio	nedications at sons regarding the	chool. As par ne medication	t of this authorizat administration in	ion form, so	hool emple	oyees may contact the	
All medications must be in the other than the recommended written approval of the child's	I therapeutic do	se may be gi					
Parent(s) Guardian Signature:				Date:			