

**CODE: 453.4-R3**

**PHYSICIAN'S & PARENT'S REQUEST  
FOR GIVING MEDICINE AT SCHOOL (WIS. STAT. 118.29)**

I request that school personnel administer medication to \_\_\_\_\_

\_\_\_\_\_ as follows (name of drug, dosage,  
frequency, and duration):

---

---

---

---

\*Please contact the physician if the following occurs:

---

---

DATE: \_\_\_\_\_  
Signature of Physician

DATE: \_\_\_\_\_  
Signature of Parent or Guardian

All medication must be sent in a current prescription bottle with label containing the following information: Name of student, name of pharmacy, name of physician, medication, dosage, and frequency.