



12801 West Fairmount Avenue  
Butler, Wisconsin 53007

(262) 781-4996  
Fax: (262) 781-3512

**PRESCRIPTION MEDICATION AUTHORIZATION FORM**  
***(TO BE COMPLETED BY YOUR PHYSICIAN)***

Name of School: \_\_\_\_\_ St. Agnes School \_\_\_\_\_

Address of School: \_\_\_\_\_ 12801 W. Fairmount Avenue, Butler, WI 53007 \_\_\_\_\_

Telephone # of School: \_\_\_\_\_ 262-781-4996 \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Student Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**PRESCRIPTION MEDICATION ORDERS:**

<b>Medication:</b>	<b>Route:</b>	<b>Dose:</b>	<b>Frequency:</b>	<b>Duration:</b>

Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medications:


Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_