

Authorization for Administration of Medication at School

Date: _____ DOB: _____
 Student Name: _____
 School: _____

Medical Condition	Medication	Strength mg/ml	Dose # of tablets	Time(s) Frequency	Route	Start Date	Stop Date

(All authorizations expire at the end of the SY or end of the Extended SY Summer School programs)

 Print or Type Physician Name or Licensed Prescriber Signature of Physician/Licensed Prescriber

 Clinic Address () Phone () Fax

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request that the medication(s) be given on field trips, as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking medication(s).
3. I will notify the school of any change in the medication(s). (Ex: dosages, discontinuance, etc.)
4. I give permission for the school nurse or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
5. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
6. I give permission for the school nurse or designee to consult (in oral or written format) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s), as well as ongoing data on medication effects provided to physician/licensed prescriber and parent/guardian via monitoring form.

My son/daughter may self-administer his/her inhaler/Epipen, if appropriate as assessed by the School Nurse

 Parent/Guardian Signature Relationship to Student

 Home Phone Day Phone Date

* Signatures must be completed in order to administer medication. If medication policy is not followed, school health services will not be able to administer medication, which may adversely affect educational outcomes or the student's safety.

East Central Fax: 320-245-2448 Pine City Fax: 320-629-4205
 Hinckley-Finlayson Fax: 320-384-6135 Rush City Faxes: (Elem) 320-325-1361 (HS) 320-358-1261