



# REQUEST TO ADMINISTER MEDICATION AT SCHOOL

**Medication Administration Policy:** Written authorization from BOTH the parent or guardian AND the physician or licensed prescriber must be received before ANY medication can be administered. *It needs to be renewed annually or whenever the medication changes.* High School students who wish to self-carry non-prescription, over-the counter approved medications must complete Self-Administration Authorization Form.

**Note: Medication is to be supplied in the original UNOPENED over the counter bottle or in the dispensed prescription bottle. Ask the pharmacist to divide prescriptions into 2 completely labeled bottles: one for home and one for school.**

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Medication** \_\_\_\_\_

**Dosage** \_\_\_\_\_

**Time/Frequency** \_\_\_\_\_

Side effects of Medication \_\_\_\_\_

What observable effects do you wish reported to you? \_\_\_\_\_

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

School has permission to administer a missed dose following parental consent.

\_\_\_\_\_  
Print Name of Physician/Licensed Prescriber

\_\_\_\_\_  
Signature of Physician/Licensed Prescriber

\_\_\_\_\_  
Physician Clinic Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

1. I request medication to be given at school as prescribed by a physician/licensed prescriber.
  2. I release the school personnel from liability in the event of any reaction that results from the medication.
  3. I give permission for the LSN/HEA to consult/communicate with the above named student's physician/ licensed prescriber and pertinent school personnel regarding my student's health condition, medication action, and side effects.
  4. I give permission to delegated licensed school personnel to administer medication on field trips.
- \_\_\_\_\_  
Parent/Guardian Signature
- \_\_\_\_\_  
Date

\*This form must be signed by both the physician/licensed prescriber AND the parent/guardian before medicine will be given

(OVER)

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## MEDICINE AT SCHOOL

Whenever possible the parent or guardian should make arrangements to administer medications at home. However, when a student needs to take medications at school, the following policy will be followed to provide for safe administration of any prescription or nonprescription medication during the school day. These procedures are supported by MN Statutes, 2005, Chapter 121A.22, 121A.221, and 121A.2205 and the MN Nurse Practice Act.

**Prior to the administration of any medication, parents must send:**

- 1. Written parent/guardian permission authorizing school personnel to administer medication.**
- 2. Written order from a physician/ authorized prescriber indicating the necessity of medication (includes BOTH PRESCRIPTION AND OVER- THE-COUNTER MEDICATION).**
- 3. The original labeled container of medication. Please send any over-the-counter medication in a new, UNOPENED, original container. For prescription medication ask the pharmacist to provide a duplicate LABELED container, one for home and one for school.**

**Authorizations need to be renewed annually or whenever the medication changes.**

**Medication to be administered at school is to be KEPT IN THE HEALTH OFFICE, unless other arrangements are made with the health office.**

- Herbal, holistic, homeopathic and/or natural products must be given at home, since the Food and Drug Administration (FDA) does not regulate these products in the same manner as prescription or over-the-counter medication. There is the potential for the products to interact with other substances, medications and foods.
- Controlled substances such as Ritalin, Dexedrine, Cylert, Adderall, Concerta, must be counted as each supply arrives. Parents are asked to deliver a one month supply at a time. Also parents should PICK UP MEDICATIONS FROM SCHOOL AT THE END OF THE SCHOOL YEAR OR WHEN THE STUDENT IS NO LONGER TAKING THAT PARTICULAR MEDICATION.

Thank you for your cooperation on these medication procedures. Our intent is to insure safety and good health for your child.

Health Services Staff

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