

## Authorization for Administration of Medication at School

Student: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

School Year \_\_\_\_\_ HS. 735-8271 Fax 735-8217 / Merritt: 735-8271 Fax 741-1930  
 ext. 1012 ext. 2102

I hereby request and authorize you to give:

Medication	Dosage	Time	Route	Possible side effects

Diagnosis/ purpose or condition for medication \_\_\_\_\_

\_\_\_\_\_ Student is Knowledgeable about medication and how to self administer and may self administer the above medication. Not applicable for controlled substances.

(All authorizations expire at end of school year.)

Please list Dr for all Prescription medication, so we can fax Dr. for permission to have at school.

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

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Health Care Facility Name

\_\_\_\_\_  
 Fax Number

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

\_\_\_\_\_  
 Date

### Parent/ Legal Guardian Authorization

1. I request that the above medication be given during school hours as ordered by physician/ licensed Health care Provider Or Over the counter Medication as instructed on label.
2. I release school personnel from liability in the event adverse reactions result from medication.
3. I will notify the school nurse of any changes, such as dosage, time or discontinued.
4. I give permission for the school nurse to consult with the physician/ Licensed Prescriber regarding questions regarding medication or medical conditions.
5. I give permission for the medication to be given by designated school personnel as delegated by the school nurse
6. I give permission for the assigned teacher or other responsible adult to dispense the medication on a field trip and /or extra curricular activity as arranged by the school nurse.
7. I agree to provide the medication in a original container that is labeled by the pharmacy or the original over the counter bottle or package.
8. \_\_\_\_\_ I request that my child be allowed to self administer \_\_\_\_\_ medication. (Not applicable for controlled medication) Medication must be properly labeled. 03/15

\_\_\_\_\_  
 Parent/ Guardian signature

\_\_\_\_\_  
 Relationship to student

\_\_\_\_\_  
 Date.....

Health Service Office  
ISD 712 Mountain Iron- Buhl Public Schools  
PO box 537  
Mt. Iron MN 55768

General Statement of Medication Administration Policy

The administration of prescribed and over-the-counter medication to students is provided where the students health may be jeopardized without it and in order to maintain and promote the health of the student so that learning is enhanced.

It is preferred that medications be given outside of school hours if possible. If not, trained school staff under the supervision of the school nurse will assist students and parents with this responsibility.

All medication including short and long-term medication, whether a prescription or non-prescription requires a parent/guardian written consent prior to administration according to the school policy on Medication Administration. If the medication is a prescription, a provider/physician written consent is also needed. The school nurse will fax Dr. for this permission to administer at school. This permission must to done annually.

Students with inhalers, Epi-pens and/or over-the-counter medications, used by student at school, **must** have written parent permission to self-administer at 7th to 12th grade level only. Elementary students must keep all medication, including cough drops, in nurses office for safety reasons. The school nurse has authority to request student demonstrate ability to self-administer medications.

Medication must be in the original container which includes product instructions or prescription bottle/ container labeled by the pharmacy or health care provider. Request a second prescription for school from pharmacy.

Parent/ Guardian are requested to bring controlled substances to school and give directly to Health Office or to the secretary. Do not send prescription to school with the student.

Medication, including prescription and over-the-counter medication, which is administered or distributed by a student at a school location, rather than by the school nurse or other authorized school personnel, to other students is a violation of the school districts drug policy.