Authorization for Administration of Medication at School

Name of Student:_____ Birthdate:_____

School:_____ School Year:_____ Grade:_____

Medical Condition	Medication	Strength	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						
4.						

Other considerations/Directions:_____

Start Date:_____ Stop Date:_____
(All authorizations expire at the end of the school year.)

☐ Student is knowledgeable about the medication and how to administer it.
☐ Student may self-administer the medication. (Not applicable for controlled substances.)

_____ _____
Print or Type Name of Physician/Licensed Prescriber Physician's/Licensed Prescriber's Signature

_____ _____ _____
Clinic Address Phone Number Date

_____
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 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 the medication(s).
3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)
4. I give permission for the school nurse to communicate with the student's teachers about the student's heath condition(s) and the action of the medication(s).
5. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise with the regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
6. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.

☐ My son/daughter may self-administer his/her medication. (Not applicable for controlled substances, such as Ritalin, Dexedrine, Codeine, etc.)

_____ _____ _____
Date Parent/Guardian Signature Relationship to Student

Note: MEDICATION IS TO BE SUPPLIED IN THE ORIGINAL/PRESCRIPTION BOTTLE.

Centennial Schools, Mahtomedi Public Schools, Moundsview Public Schools, Roseville Area Schools, White Bear Lake Area Public Schools, North East Metro District 916 – Special Education Program