

St. Francis Area Schools

Kids Connection
4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-1616 • www.isd15.org

Kids Connection/Just 4 Kids Administration of Medication Form

Parents/Guardians of pupils requesting that medications be administered between the hours of 6:00 a.m.-6:00 p.m., including field trips, by Kids Connection/Just 4 Kids staff are required to provide: (1) the order from licensed prescriber; (2) a parental release; and, (3) medication supplied in the original bottle. (Ask the pharmacist to divide the medication into two, or three if needed, bottles with complete labels; one for school, one for Kids Connection and one for home.)

Student's Name _____ Grade _____ School _____

Order from licensed prescriber for administration of medications by school personnel

I have prescribed the following medications and request that the dosage be given between the hours of 6:00 a.m.-6:00 p.m.:

Medication _____ Dosage/Time _____ Dates _____ / _____
Begin End

For treatment of _____

Possible side effects _____

Our clinic would like the following information _____

By (date) _____

Unless otherwise specified, all medication will be kept in the Kids Connection area or with Kids Connection staff. If the student is to keep their medication with them, please specify the reason why:

Signature _____ Date _____ Phone _____
Licensed Prescriber

Print Name _____ Clinic _____

Parent/Guardian request for Administration of Medication

Only when a medicine is prescribed to be taken during Kids Connection hours, including field trips, will a child be given medication at Kids Connection I request this medication be given as prescribed. If necessary, staff may request additional information from the physician regarding this illness.

Parent/Guardian Signature _____

Would you like to be notified by email when your child's medication is getting low? Yes No

Email address _____