

SAUK RAPIDS-RICE  
PUBLIC SCHOOLS



A path for every student.

### REQUEST FOR MEDICATION ADMINISTRATION AT SCHOOL

Requirements for prescription and/or over-the-counter medications at school include:

- Parental Release
- Physician Order
- Medication supplied in pharmacy labeled bottle (including over-the-counter medications)
- Medication delivered to school personnel by a parent/guardian or other adult. Meds are not to be carried by the student.

#### Parental Release

I hereby request the school nurse, or other designated school personnel, to give medication as prescribed by the physician to my child:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication name: \_\_\_\_\_

Should this medication be sent with the teacher for all day field trips?     Yes     No

I release school personnel from liability in the event any reaction results from the named medication. The school may contact the physician for any further information regarding the medication or the condition being treated.

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

#### Physician Order

◆ Please note: Physician order is necessary for prescription and over-the-counter medication(s) ◆

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

For the Treatment Of: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Dosage and Route: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Directions: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This order expires at the end of the current school year.

Signature of Licensed School Nurse:

Date:

