



REQUEST FOR ADMINISTRATION OF PRESCRIPTION  
MEDICATION DURING THE SCHOOL DAY  
(FOR USE AT CMS AND EPHS ONLY)

Parents of secondary students (grades 6-12) requesting that prescription medication be administered during school hours by school staff are required to provide the health office with 1) the completed physician order below, 2) a parental release, and 3) the medication in the original medication bottle. Note: Students at CMS are not permitted to carry any medication on their person unless authorized by a licensed school nurse employed by Eden Prairie Schools.

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Advisor: \_\_\_\_\_

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**Physician's order for administration of medication by school personnel.**

I have prescribed the following medication for this child and request that the dosages be given during school hours:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

For treatment of: \_\_\_\_\_

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

Special instructions: \_\_\_\_\_

Last date to be given: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Physician Name: \_\_\_\_\_

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

Clinic Address: \_\_\_\_\_

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I request that this medication be given as prescribed, and the above requested information be released to the physician from the school. If necessary, the school may request additional information from the physician regarding this request. Note: Only when a medication is prescribed to be taken during school hours will a child be given medication at school.

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

Printed Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_