



REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION DURING THE SCHOOL DAY

Parents of secondary students (grades 6-12) requesting that non-prescription medication be administered during school hours by school staff are required to provide the health office with 1) the completed information below including the parental release and 2) the medication in the original medication bottle. Please complete a separate form for each medication. New forms must be completed at the beginning of each school year. 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: _____

Medication: _____ Dose: _____ Time: _____

For treatment of: _____

Special instructions: _____

Last date to be given: _____

I request that this medication be given as indicated above. If necessary, the school may request additional information. Note: Dosage cannot exceed the dose specified on the bottle without a physician's order. This provision does not apply to the administration of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients or the administration of medication without FDA approval. In case of adverse effects, school staff administering medication will follow district protocol for injury/illness at school.

Parent Signature: _____ Date: _____

Printed Parent Name: _____ Daytime Phone: _____