Authorization for Administration of Medication at School

Mounds View PUBLIC SCHOOLS

Name of Student:_____ Birthdate:____/____/____

School:_____School Year:_____Grade:_____

Fax: _____

Medical Condition	ICD 10 Code	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 carry and 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

(___)_____
Fax Number

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 action and side effects of this 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 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 carry and self-administer his/her medication. **(Not applicable for controlled substances.)**

_____ _____ _____
Date Parent/Guardian Signature Relationship to Student

NOTE: Medication is to be supplied in the original/prescription bottle/container.

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