

SAUK RAPIDS-RICE
PUBLIC SCHOOLS



Health Services

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www.isd47.org/departments/health

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: