



HEALTH SERVICES

Amanda Pflipsen, MSN, LSN • Sue Cook, RN, LSN

REQUEST FOR MEDICATION ADMINISTRATION AT SCHOOL

Requirements for prescription medications for all grades at school include:

- Parental Release
- Physician Order
- Medication supplied in pharmacy labeled bottle ▪ Medication needs to be delivered to school personnel by a parent/guardian or other adult. Meds are not to be carried by the student.

Requirements for over-the-counter medications: \*Note elementary is different from grades 6-12.\*

- Parent Release
- Unopened medication bottle supplied to school
- In **SOME** cases over-the-counter medications can be kept with the student in grades 6-12 with health office and parent permission

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

Will the student be carrying this medication and understand proper use and risk?  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 medication(s). We may attempt to fax providers for over-the-counter medication permission◆

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

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

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

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

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

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

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

LSN signature: \_\_\_\_\_

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

Sauk Rapids-Rice Middle School	Mississippi Heights Elementary	Pleasantview Elementary	Rice Elementary	Hillside Early Childhood	Sauk Rapids Rice High School
(320) 258-1407	(320) 258-1312	(320) 258-1204	(320) 258-1601	(320) 255-8910	(320) 258-1729
Fax: (320) 259-8909	Fax: (320) 258-1399	Fax: (320) 253-1444	Fax: (320) 258-1099	Fax: (320) 258-1197	Fax: (320) 258-1738