FOLEY PUBLIC SCHOOLS
I.S.D. #51, Foley Public Schools
Foley, MN 56329

PHYSICIAN ORDER
FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION AT SCHOOL

Parents requesting the medication to be administered to their child during school hours by school staff are required to provide the following information to the school:

1. **Parental Release**
2. **Physician's Order**
3. **Medication supplied in a pharmacy labeled bottle or container**
4. **For your student's safety, all medication delivered to school personnel by parent/guardian or other adult. Meds are not to be carried by the student.**

Student's Name:_____ Date of Birth: _____Grade:_____

Name of Medication:_____

For the Treatment of: _____

Dosage and Route: _____

Time and Directions for Administration: _____

Possible Side Effects: _____

Special Directions: _____

Termination Date:_____

Physician/Provider's Signature: _____ **Date:** _____

Clinic's Name: _____ **Phone:**_____

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

<u>Parental /Legal Representative Release</u>

I hereby request the school nurse, or other designated school personnel, to give medication as prescribed by the physician to my child:

Name: _____ **Grade:**_____

Medications: _____

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/Legal Representative:_____**Date:** _____